



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
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October 1, 2014

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, October 15, 2014 at 9:00 am. The meeting will continue, if necessary, on Thursday, October 16, 2014 at 9:00 am or until the Board concludes its business at the following location:

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas

Please Note

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

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

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

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

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

◆ CONSENT AGENDA ◆

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

1. Public Comments and Discussion of and Deliberation Upon Those Comments:
No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)
2. Approval of September 3, 2014, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Animal Health International, Inc. – Twin Falls, ID
 - B. Boswell Pharmacy Services, LLC – Jennerstown, PA
 - C. Cape Pharmacy & Supplies – Cape Coral, FL
 - D. KV Supply, LLC – David City, NE
 - E. Mohegan Pharmacy – Uncasville, CT
 - F. My Health South Pharmacy – Miramar, FL
 - G. Petscriptions – Louisville, KY

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

- H. Atlantic Pharmacy & Compounding – Pompano Beach, FL
- I. Benevere Pharmacy – Collierville, TN
- J. Complete Care Pharmacy – Chatham, IL
- K. Complete Care Pharmacy – Springfield, IL
- L. Elwyn Specialty Care – Garnety Valley, PA
- M. Executive Pharmacy LLC – Ft Lauderdale, FL
- N. Highland Specialty Pharmacy, LLC – Hattiesburg, MS
- O. Inverness Apothecary Trinity – Trinity, AZ
- P. Mack Bayou Pharmacy, LLC – Santa Rosa Beach, FL
- Q. MedWorx Compounding, LLC – Ridgeland, MS
- R. Pharmetrics Specialty Rx – St. Petersburg, FL
- S. Richardson East Neighborhood Pharmacy, Inc. – Richardson, TX
- T. Rite Care Pharmacy – Dallas, TX
- U. Texas Health Infusion – The Woodlands, TX
- V. Topical Solutions Pharmacy, LLC – Phoenix, AZ
- W. Total Vein Pharmacy – Houston, TX
- X. Valley Drug and Compounding, Inc. – Encino, CA

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

- Y. Astellas Pharma US, Inc. – Northbrook, IL
- Z. Epien Medical, Inc. – St Paul, MN
- AA. Hi-Tech Pharmacal Co., Inc. – Amityville, NY

- BB. LifeCell Corporation – Branchburg, NJ
- CC. Neos Therapeutics, LP – Grand Prairie, TX
- DD. Par Sterile Products, LLC – Rochester, MI
- EE. Pharmaceutical Credit Company, LLC – Franklin, TN
- FF. Sancilio and Company Inc. – Riviera Beach, FL
- GG. Smith Medical ASD, Inc. – Olive Branch, MS
- HH. Smith Medical Partners, LLC – Wood Dale, IL
- II. Smith Medical Partners, LLC – Wood Dale, IL
- JJ. Twin Med, LLC – Santa Fe Springs, CA
- KK. Tri-anim Health Services, Inc. – Arlington, TX
- LL. Well Gistics, LLC – Lakeland, FL

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

- MM. CCS Medical – Forest Hill, TX
- NN. Matheson Tri-Gas, Inc. – Mesa, AZ
- OO. Medline Industries, Inc. – Lathrop, CA
- PP. Medline Industries, Inc. – San Bernardino, CA
- QQ. Oculus Innovative Sciences, Inc. – Petaluma, CA
- RR. Proto Script Pharmaceuticals Corp – Rancho Cucamonga, CA

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- SS. CentRx Pharmacy Desert Springs – Las Vegas
- TT. CentRx Pharmacy Valley Hospital – Las Vegas
- UU. CentRx Pharmacy Spring Valley – Las Vegas
- VV. The John Galt Group LLC – Reno

◆ REGULAR AGENDA ◆

4. Request for Removal of Probation – Appearance Required:

Craig W. Moon, R.Ph

5. 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. | Nazida Zebari, R.Ph | (13-024-PH-S) |
| B. | Walgreens #04242 | (13-024-PH-S) |
| C. | Kyoshi Fuller, PTT | (14-057-PTT-S) |
| D. | Sylvia Corona, PT | (14-055-PT-S) |
| E. | Antonio Scott, PT | (14-049-PT-S) |
| F. | Roman Bahena, PT | (14-047-PT-S) |

6. Applications for Nevada Pharmacy – Appearance for Possible Action:

- A. AbacusRx Pharmacy LLC – Henderson
- B. Trinity Pharmacy – Las Vegas

7. Application for Controlled Substances License – Appearance for Possible Action:

Gregory W. Greenwood, DMD

8. Application for Pharmaceutical Technician License – Appearance for Possible Action:

Amanda L. Elam

9. Application for Pharmaceutical Technician in Training License – Appearance for Possible Action:

Valerie Jensen

10. Request for Reduction of Surety Bond - Non Appearance for Possible Action:

Blu Pharmaceuticals, LLC

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

- A. Better Value Pharmacy – West Covina, CA
- B. Boothwyn Pharmacy, Inc. – Boothwyn, PA
- C. Downing Labs – Dallas, TX
- D. Entirelypets Pharmacy LLC – Union City, CA
- E. Kabafusion – Norwalk, CA
- F. North Beaches Pharmacy Inc. – Jacksonville Beach, FL
- G. Pharmacy Creations, L.L.C. – Randolph, NJ

12. Executive Secretary Report for Possible Action:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
 - 1. CE Presentations:
 - a. Las Vegas
 - b. RPD
 - c. Pharmacist's Letter Segment for Website
- D. Reports to Board
 - 1. Collaborative Efforts:
 - a. Medi-Spa (BOME; BON)
 - 2. National Governor's Association Meeting on Rx Drug Abuse
 - 3. NABP District Meeting
 - 4. DEA – Kansas City
 - 5. NABP Executive Officer's Forum
- E. Board Related News
 - 1. Renewals
- F. Activities Report

13. General Counsel Report for Possible Action:

Update on Marianne Phillips Case

◆◆◆ PUBLIC HEARING ◆◆◆

Thursday, October 16, 2014 – 9:00 am

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

Amendment of Nevada Administrative Code 453.540 Schedule IV On July 2, 2014, the Federal Drug Enforcement Agency (DEA) published a final ruling in the Federal Register placing tramadol into Schedule IV of the Controlled Substance Act. The rule became effective August 18, 2014.

◆◆◆ WORKSHOP for Possible Action ◆◆◆

Thursday, October 16, 2014 – 9:00 am

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

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

16. Next Board Meeting:

December 3-4, 2014 – Reno

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

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

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

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

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

Elko County Courthouse – Elko
Washoe County Courthouse – Reno

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



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MINUTES

Hyatt Place
1790 E. Plumb Lane
Reno, Nevada

September 3, 2014

Board Members Present:

Kam Gandhi	Leo Basch	Kirk Wentworth	Jack Dalton
Kevin Desmond	Cheryl Blomstrom		

Board Members Absent:

Tallie Pederson

Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting
Joe Depczynski	Keith Marcher		

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

1. Public Comment

No public comment.

2. Approval of July 23-24, 2014, Minutes

Kirk Wentworth recused from participation in this matter due to his absence from the July 2014 meeting.

Board Action:

Motion: Leo Basch moved to approve the Minutes as presented.

Second: Jack Dalton

Action: Passed Unanimously

3. Applications for Out-of-State Pharmacy

- 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

- 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

- 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. Sebela Pharmaceuticals Inc. – Roswell, GA
- V. Sharn, Inc. – Celedonia, 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

- 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

- 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

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

Mr. Pinson clarified applications 3.NN (RecoverCare-Henderson) and 3.OO (RecoverCare-Reno). The name of the administrator is stated as the same on both for application purposes only. This usually occurs in order for the business to initiate the application process when an administrator has not been named. Board Staff will inspect for compliance prior to issuance of the license.

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. Mary Jane Lohroff, R.Ph (14-001-RPH-N)
- B. Mike's Pharmacy (14-001-PH-N)

Cheryl Blomstrom disclosed that her family does business with Mike's Pharmacy, but that will not impact her decision making in this case.

Kirk Wentworth disclosed that pharmaceutical technician Barbara Battaglia was formerly an employee of his.

Kevin Desmond disclosed that he and Mr. Hautekeet previously served on a committee together, but that will not affect his ability to hear this matter.

Mary Jane Lohroff, pharmacist; Mike Hautekeet, owner, Mike's Pharmacy; Barbara Battaglia, pharmaceutical technician, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

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

Paul Taggart was present as counsel representing the Respondents.

Mr. Edwards stated that in December 2013, the Board entered a Stipulation and Order (Order) in Mike's Pharmacy Case 14-001-N. In the Order, the Board placed Mike's Pharmacy's certificate of registration on probation for a period of twelve months. Mike's Pharmacy was also ordered to submit to monitoring by third-party monitoring service Affiliated Monitors, Inc.

Mr. Edwards presented a Stipulation and Order regarding Ms. Lohroff and Mike's Pharmacy for the Board's consideration. The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation that while employed by Mike's Pharmacy, Ms. Lohroff failed to strictly follow the instructions of G.B.'s physician by dispensing metformin 1000 mg. tablets, rather than the prescribed metoprolol 100 mg. tablets.

Ms. Lohroff shall receive a public letter of reprimand and pay an administrative fee of \$295.00. Mike's Pharmacy shall pay an administrative fee of \$250.00, continue on probation until March 23, 2015, one year from the date it entered into the third-party monitoring program ordered by the Board in its December 4, 2013 Order in Case No. 12-058-PH-N. Mike's Pharmacy shall provide to Board Staff, within thirty days of the Board's approval of this Stipulation, a copy of its policies and procedures for handling exceptions and failures to dispense by its Prada RDS machine, which policies and procedures are subject to Board Staff's review and approval. Mr. Edwards advised the Board that the Third Cause of Action against Mike's Pharmacy is dismissed.

Mr. Taggart stated that the Respondents are in agreement with the Stipulation and Order. He added that Mike's Pharmacy has taken corrective measures to ensure this type of error will not occur again.

Board Action:

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

Second: Jack Dalton

Action: Passed Unanimously

C. Mariana Oliveira-Callegaria, R.Ph
D. Hale's Pharmacy

(14-032-RPH-N)
(14-032-PH-N)

Mariana Oliveira-Callegaria, pharmacist; Brant Skanson, owner, Hale's Pharmacy; and Cadie Palmer, pharmaceutical technician, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Cadie Palmer was subpoenaed to appear as a witness and is not named as a respondent in this case.

William Stilling was present as counsel representing the Respondents.

Mr. Edwards stated that in July 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 months. The Order required that during the probationary period, Hale's Pharmacy must self-report all of its violations of pharmacy law or regulations to the Board Office.

Mr. Edwards presented a Stipulation and Order regarding Ms. Oliveira-Callegaria and Hale's Pharmacy for the Board's consideration. The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation that while employed by Hale's Pharmacy, Ms. Oliveira-Callegaria failed to strictly follow the instructions of J.T.'s physician by dispensing sertraline 100 mg. tablets, rather than the prescribed Seroquel 100 mg. tablets.

Ms. Oliveira-Callegaria shall complete a one hour CE on the topic of error prevention, pay a fine of \$500.00, and pay an administrative fee of \$245.00. Hale's Pharmacy shall pay an administrative fee of \$250.00, be subject to two additional inspections by Board Staff during the six month period following acceptance of this stipulation, and remain under the obligation to self-report to the Board any violation of federal or state law or regulation relating to prescription drugs or pharmacy practice. Hale's shall report such violation(s) within three days of discovery of the violation. It shall remain under this obligation for six months beginning on the last day of Hale's prior probation, which ended July 3, 2014.

Mr. Stilling stated that the Respondents are in agreement with the Stipulation and Order. Hale's pharmacists and pharmaceutical technicians now enter the entire name of the medication at initial data entry. Hale's followed up with J.T.'s physician who indicated that J.T. did not suffer ill effects from the misfilled medication.

Mr. Basch commented that the sertraline was taken at a dose of 400 mg. per day, which has the potential for harm, particularly if mixed with other medications. The chart review at J.T.'s nursing home facility caught the error early. A situation where that medication went home with the patient, and ingested for a longer period of time, has the potential for serious harm.

Board Action:

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

Second: Cheryl Blomstrom

Ayes: Blomstrom, Desmond, Wentworth, Dalton

Nays: Basch

Action: Motion Carried

E. Joseph M. DeLallo, R.Ph

(14-023-RPH-N)

F. CVS Pharmacy #8779

(14-023-PH-N)

Joseph DeLallo, pharmacist; Oliver Swafford, CVS district supervisor; Annette Smith and Esai Rodriquez, pharmaceutical technicians, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Smith and Mr. Rodriquez were subpoenaed to appear as witnesses and are not named as respondents in this case.

Mike Dyer appeared as counsel representing the Respondents.

Mr. Edwards presented a Stipulation and Order regarding Mr. DeLallo and CVS Pharmacy #8779 for the Board's consideration.

The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation that while employed by CVS Pharmacy #8779, Mr. DeLallo failed to strictly follow the instructions of patient S.H.'s physician by dispensing citalopram HBR 40 mg. tablets, rather than the prescribed ceftibuten 400 mg. tablets; failed to adequately counsel regarding patient S.H.'s prescription for ceftibuten 400 mg. tablets; and altered the original fill record for prescription number 1133086, rather than creating a new prescription number for the correct medication. Mr. Edwards noted that there is no evidence that Mr. DeLallo intentionally altered the prescription to cover the error. Board Staff believes that Mr. DeLallo did not fully understand the CVS process.

Mr. Edwards advised the Board that CVS Pharmacy #8779 is dismissed from the First and Second Causes of Action. Based on the Respondents' admissions, CVS Pharmacy #8779 is responsible for the violations of its employee Mr. DeLallo.

Mr. DeLallo shall pay a fine of \$750.00 for the dispensing error, complete one additional hour of CE in error prevention, pay a fine of \$750.00, complete any additional training program deemed appropriate by CVS, and pay an administrative fee of \$45.00. CVS Pharmacy #8779 shall provide to Board Staff within sixty days a letter which contains: a summary or outline of CVS's Policies and Procedures regarding "counseling", a summary of the training procedures for CVS pharmacists; and a summary of the

additional training which CVS required Mr. DeLallo to complete, and pay an administrative fee of \$450.00.

Mr. DeLallo said that he was responsible for the error, and that it should have been caught during verification or counseling. He has taken measures to improve his verification and counseling process.

Ms. Smith apologized and indicated that she now triple checks the drug name and strength before sending the prescription to production.

Mr. Dyer stated that the Respondents are in agreement with the Stipulation and Order.

Board Action:

Motion: Kirk Wentworth moved to accept the Stipulation and Order as presented.

Second: Kevin Desmond

Action: Passed Unanimously

G. Twila Benson

(14-044-PTT-N)

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

Mr. Edwards moved to have Exhibits 1 through 5 admitted. President Gandhi accepted the Exhibits into the record.

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 terminated Ms. Benson's employment for diversion of controlled substances. 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.

Mr. Edwards stated that Board Staff served the Accusation on Ms. Benson by certified mail on July 31, 2014, at the address she had on record with the Board Office. He presented a copy of the certified mail receipt and the certified mail return receipt (Exhibit 1). Mr. Edwards also provided a copy of the letter sent regular mail to Ms. Benson advising her of the Hearing (Exhibit 2).

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

Board Action:

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

Second: Jack Dalton

Action: Passed Unanimously

Mr. Edwards recommended revocation of Ms. Benson's pharmaceutical technician registration.

Board Action:

Motion: Cheryl Blomstrom moved to revoke Twila Benson's pharmaceutical technician registration.

Second: Jack Dalton

Action: Passed Unanimously

5. Proposed Regulation Amendment Workshop

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

Dave Wuest, Deputy Secretary, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Wuest reviewed the proposed language requiring pharmacies that compound products for nasal use to utilize sterile ingredients when compounding these products. Further manipulations of these products would need to be completed at least to USP 795 standards. Mr. Wuest commented that the proposed language contained the requirement that the compounding pharmacy be aware of how the compound was to be delivered, whether into the lungs or into the nasal cavity.

Eric Kastango, Expert Consultant to USP, submitted written public comment supporting products intended for nasal spray and/or nasal irrigation into the nasal cavity, and are so labeled, shall be compounded to the standards for compounding non-sterile products. Products intended for oral and/or nasal inhalation, which are labeled for inhalation and which must be labeled as sterile, shall be compounded to the standards for compounding sterile products.

John Quick, Maple Pharmacy, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Quick supported Dr. Kastango's comments and offered to provide proposed language for consideration by the Board and Board Staff.

Mr. Wuest also presented to the Board the possibility of allowing pharmacies to compound nasal products to USP 797 standards or to the good manufacturing standard listed in USP 1111; microbiological examination of non-sterile products. Mr. Quick agreed that would be the best way to proceed.

Mark Hinchler, AnazaoHealth, offered comment strongly supporting that nasal products be compounded to 797 standards.

The Board wanted the opportunity to review Mr. Quick's proposed language and moved this matter to Workshop at the next meeting.

2. Amendment of Nevada Administrative Code NAC 453.520 Schedule II - Adding Hydrocodone combination products to Schedule II.

On August 22, 2014, the DEA published the final ruling in the Federal Register rescheduling hydrocodone combination products from Schedule III to Schedule II of the Controlled Substances Act. The rule will become effective October 6, 2014.

The proposed amendment will add hydrocodone containing products to Schedule II.

Mark Hinchler, AnazaoHealth, commented that changing hydrocodone in a pharmacy computer system to a Schedule II will not allow for hydrocodone refills written prior to October 6, 2014. He questioned how this affects PMP reporting.

Mr. Wuest responded that Schedule II and Schedule III products are not reported differently. Products are reported by the National Drug Code (NDC) contained on the product label therefore reporting should not be affected.

Board Action:

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

Second: Kirk Wentworth

Action: Passed Unanimously

3. Amendment of Nevada Administrative Code NAC 453.530 Schedule III - Removing Hydrocodone combination products from Schedule III.

The proposed amendment will remove hydrocodone containing products from Schedule III.

Board Action:

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

Second: Kevin Desmond

Action: Passed Unanimously

6. Applications for Out-of-State Compounding Pharmacy

A. AnazaoHealth – Tampa, FL

Mark Hinchey, director of business development, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Mr. Hinchey provided a letter from Jacob Beckel, Chairman/CEO of AnazaoHealth, authorizing Mr. Hinchey to appear on behalf of AnazaoHealth.

Mr. Hinchey explained that AnazaoHealth (Anazao) is currently registered in Nevada and is applying for an ownership change. Anazao is a nuclear medicine and sterile compounding pharmacy. Products are patient-specific. Products are shipped overnight and temperature tested before leaving the pharmacy, and also tested in the hospital prior to administration.

Mr. Hinchey addressed questions by the Board regarding the disciplinary action taken against their Florida pharmacy license in 2011. Anazao had purchased a formula for compounding hyaluronidase injection from a pharmacy organization of which they are members. One of the inert ingredients was stated incorrectly causing the active ingredient to be in an incorrect concentration causing harm to some patients. The Florida Board of Pharmacy imposed fines and additional inspections to ensure corrective measures were taken by Anazao. In December 2013, the Florida Board issued an order that Anazao had satisfied the conditions of the 2011 order. Anazao has since discontinued the compounding of ophthalmic products in their Florida and Nevada pharmacies.

Board Action:

Motion: Kirk Wentworth moved to approve AnazaoHealth's Application for Out-of-State Pharmacy License Ownership Change.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. Kabafusion – Norwalk, CA

A representative from Kabafusion did not appear. No action was taken.

7. Application for Nevada Wholesaler

MDRx – Las Vegas

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

Mr. Wright explained that he owns a buying group, Pharmacy Purchasing Consultants, and is contracted with Cardinal Health to purchase drugs for his MDRx wholesale operation. MDRx will contract with and provide non-controlled and C-III through C-V medications to primary care physicians in the Las Vegas area. Mr. Wright provided a copy of MDRx's policy and procedure manual.

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

Board Action:

Motion: Cheryl Blomstrom moved to approve MDRx's Application for Nevada Wholesaler License.

Second: Kirk Wentworth

President Gandhi offered a friendly amendment to require that MDRx report to the Board Office if a change is made from the current supplier, Cardinal Health, and/or if additional suppliers are added.

Blomstrom and Wentworth accepted the friendly amendment.

Action: Passed Unanimously

8. Application for Advanced Practice Registered Nurse License

Rochelle L. Domingo, APRN

Rochelle Domingo, APRN, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Blomstrom disclosed that she represents the Nursing Association, including APRNs, but does not know Ms. Domingo. She stated that this will not impact her decision making in this matter.

Ms. Domingo explained that in 2007, she wrote two orders to change a patient's diet without the physician's consent. The physician would not co-sign the order afterwards because he was not on call during that time. Ms. Domingo was disciplined by the Nevada State Board of Nursing and entered into an Agreement for Reprimand. She has met the conditions of the Reprimand and her nursing license is currently in good standing.

Ms. Domingo answered "No" to the question on the application submitted to the Board Office asking if she had been the subject of discipline or administrative action. Ms. Domingo explained that she was misinformed by an individual who indicated to her that after five years, the disciplinary action would be removed from her records, which is why she answered "No."

Ms. Domingo addressed questions to the Board's satisfaction.

Board Action:

Motion: Leo Basch moved to approve Rochelle Domingo's Application for Advanced Practice Registered Nurse – Prescribe.

Second: Kevin Desmond

Action: Passed Unanimously

9. Approval of 2015 Board Meeting Schedule

The proposed 2015 meeting schedule was reviewed.

Board Action:

Motion: Cheryl Blomstrom moved to approve the 2015 Board Meeting Schedule as presented.

Second: Kirk Wentworth

Action: Passed Unanimously

10. Continuing Education (CE) Committee

The CE Committee met on August 7, 2014. The Committee reviewed the following programs and recommended Board approval. Mr. Wentworth participates on the committee.

- A. International Conference on Nutrition and the Brain (12 CEUs)
- B. Breaking the Barriers: Pain Assessment and Management (7 CEUs)
- C. Anticoagulation Related Medication Events (1 CEU)

D. Transcutaneous Electrical Nerve Simulation (TENS) for Pain Management (1 CEU)

Board Action:

Motion: Cheryl Blomstrom moved to approve the CE programs as presented.

Second: Kevin Desmond

Action: Passed Unanimously

11. Discussion and Determination

Prescriptions for Flu Vaccine Administered by Protocol

Per NAC 639.297 through NAC 639.2978, a physician may establish a written protocol authorizing pharmacists to administer immunizations. The original proposed language included written protocol to immunize by the pharmacist, but also the ability for the pharmacist to immunize on the order of a prescription. LCB did not allow the inclusion of a prescription.

Many pharmacies assign a prescription number as the record of administration and for billing purposes.

Board discussion ensued regarding the legality of this "prescription", and different methods and/or issues regarding documentation and billing of pharmacist-administered immunizations, including separate systems, creating a unique identifier, and pharmacy system limitations.

Board Staff recommended that the Board adopt the following statement as policy:

"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 recordkeeping is no more than just that."

Board Action:

Motion: Cheryl Blomstrom moved to accept Board Staff's recommendation and approve the policy statement as presented.

Second: Jack Dalton

Action: Passed Unanimously

12. Executive Secretary Report

A. Financial Report

Mr. Pinson presented the financials to the Board's satisfaction.

B. Temporary Licenses

Three temporary licenses were issued since the last meeting.

C. Staff Activities

1. Presentations:

a. CE in Carson City

Mr. Wuest conducted a law CE in Carson City on June 18th.

b. Washoe County Social Services

Mr. Pinson gave a presentation to this group on July 21st to approximately 200 attendees. Mr. Pinson is scheduled to present to a group of court judges. Mr. Pinson will present to APRNs in Las Vegas and Mr. Edwards to APRNs in Reno.

Mr. Edwards will present a one hour law CE which will be taped by the "Pharmacist's Letter" and available on the Board's website.

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

Mr. Pinson reported that the above listed collaborative practice agreements were submitted to the Board Office for approval by Adam Porath, Ambulatory Pharmacy Manager, Renown Regional Medical Center. Board Staff has reviewed and approved the protocols.

Mr. Porath addressed questions posed by the Board.

E. Board Related News

Mr. Pinson reported that a meeting of the workgroup formed to review and address how veterinary medications are stored, labeled and provided to the general public was recently held at the Board Office. The workgroup included members and staff from the Board of Veterinary Medicine, Board of Pharmacy, State of Nevada Dairy Board, as

well as representatives from feed stores, ranchers and large and small herd veterinarians. Ms. Blomstrom and Mr. Basch volunteered to participate with the workgroup. Topics of discussion included inadequate recordkeeping. A second meeting will be scheduled. Mr. Pinson will keep the Board apprised of the workgroup's progress.

Mr. Pinson stated that the Nevada Prescription Drug Prevention Video Contest sponsored by Governor Sandoval and Attorney General Cortez Masto will launch in September. The contest is open to Nevada middle and high school students. Mr. Pinson reminded the Board that they had approved a \$1,000 educational donation to this contest, which will be used towards the prize money.

Mr. Pinson will be attending the NABP National Forum in October. Kevin Desmond will attend the NABP Compliance Officer Forum in December.

Board Staff in conjunction with the Retail Association of Nevada (RAN) and the Medical Association are undertaking a mass signup of practitioners to the PMP. A notice will be included with the mailing of license renewals to practitioners in September. An article regarding PMP signup will be in the Board's newsletter, and RAN has offered to publish the article in their newsletter.

The reclassification of hydrocodone to Schedule II is effective October 6, 2014. Board Staff will adopt the FDA ruling which will allow pharmacies to honor prescription refills written prior to October 6, 2014. Board Staff will notify pharmacies via fax blast.

F. Activities Report

13. General Counsel Report

Mr. Edwards informed the Board that Maryanne Phillips' attorney is working through the appeals process. The case has been fully briefed and pending an answer from the District Court in Carson City. 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 has denied. A decision has not been made to date.

Mr. Edwards updated the Board regarding the complaint from the Washoe District Court that alleges that the Douglas County District Attorney's office accessed the PMP portal and used the information inappropriately. The complainant is suing for defamation. A motion was filed and granted to dismiss the case due to lack of jurisdiction. The plaintiff's counsel filed an amended complaint. Mr. Edwards has filed a motion to strike the amended pleading. That motion is fully briefed and has been pending with the court for over a year. Mr. Edwards was recently notified that the complainant's attorney has been disbarred and can no longer practice law. Mr. Edwards will contact the court and request the case be dismissed for failure to prosecute.

14. Next Board Meeting:

October 15-16, 2014 – Las Vegas

15. Public Comment

No public comment.

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: Animal Health International, Inc.

Physical Address: 203 Fourth Avenue West Twin Falls, ID 83301

Mailing Address: P.O. Box 1240

City: Greeley State: CO Zip Code: 80632

Telephone: 208-733-2869 Fax: 208-734-6634

Toll Free Number: 800-792-1228 (Required per NAC 639.708)

E-mail: N/A Website: www.animalhealthinternational.com

Managing Pharmacist: Eric Andersen License Number: P5504

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds ____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☒ ☐ Other: Veterinary

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: Veterinary

****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 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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☒ New Pharmacy

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,5,7

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

☒ Sole Owner – Pages 1,2,6,7

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Boswell Pharmacy Services, LLC

Physical Address: 131 Schoolhouse Road

Mailing Address: P.O. Box 266, 131 Schoolhouse Road

City: Jennerstown State: PA Zip Code: 15547

Telephone: (814) 624-1397 Fax: (814) 624-7644

Toll Free Number: (888) 688-3288 (Required per NAC 639.708)

E-mail: jmartella@boswellpharmacy.com Website: www.boswellpharmacy.com

Managing Pharmacist: Jacqueline M. Martella License Number: KP 035400L

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☐ Other: _____

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile

Compounding **

☐ ☐ Other Services: _____

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

NEVADA STATE BOARD OF PHARMACY

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☐ Ownership Change

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

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

☐ Partnership – Pages 1,2,5,7

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

☒ Sole Owner – Pages 1,2,6,7

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Lehigh Pharmacy & Supplies, Inc. / DBA Cape Pharmacy & Supplies

Physical Address: 307 Del Prado Blvd North #3

Mailing Address: Same

City: Cape Coral State: FL Zip Code: 33909

Telephone: 239-424-8512 Fax: 239-693-8104

Toll Free Number: 844-703-7581 (Required per NAC 639.708)

E-mail: LehighPharmacy@hotmail.com Website: www.CapePharmacyandSupplies.co

Managing Pharmacist: Mark R. Walker License Number: PS16177

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

Yes/No

- ☐ ☒ Off-site Cognitive Services
☐ ☒ Parenteral **
☐ ☒ Parenteral (outpatient)
☐ ☒ Outpatient/Discharge
☒ ☐ Mail Service
☐ ☒ Long Term Care
☐ ☒ Sterile Compounding **
☐ ☒ Non Sterile Compounding
☐ ☒ Mail Service Sterile
Compounding **
☐ ☐ Other Services: _____

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

71639

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: **PH02643**)
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 ☒ **LLC**
☐ 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: KV Supply, LLC
Physical Address: 3190 N Road
Mailing Address: P.O. Box 245
City: David City State: NE Zip Code: 68632
Telephone: 402-367-6047 Fax: 877-587-9329
Toll Free Number: 800-423-8211 (Required per NAC 639.708)
E-mail: ajstutzman@kvvet.com Website: www.kvsupply.com
Managing Pharmacist: Aaron J. Stutzman License Number: 12527

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☒ ☐ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☒ ☐ Other: Veterinary only

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,**

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

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

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

Application must be printed legibly or typed

☒ New Pharmacy ☐ Ownership Change
(Please provide current license number if making changes: PH_____)

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

Pharmacy Name: Mohegan Pharmacy

Physical Address: 67 Sandy Desert Road, Uncasville, CT 06382

Mailing Address: 67 Sandy Desert Road

City: Uncasville State: CT Zip Code: 06382

Telephone: 860-859-9764 Fax: 860-887-5189

Toll Free Number: 855-664-4679 (Required per NAC 639.708)

E-mail: MoPharm@moheganmail.com Website: N/A

Managing Pharmacist: Khristine S Lariviere License Number: PCT.0011317

****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 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: my HEALTH South Pharmacy

Physical Address: 11948 Miramar Parkway

Mailing Address: 11948 MIRAMAR Parkway

City: Miramar State: FL. Zip Code: 33025

Telephone: 954-703-1069 Fax: 888-461-4991

Toll Free Number: 800-511-2795 (Required per NAC 639.708)

E-mail: mbecker@biopharmus.com Website: NONE

Managing Pharmacist: Joshua Heiblum License Number: PS 51133

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 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 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,**

NEVADA STATE BOARD OF PHARMACY
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- | | |
|---|--|
| <input type="checkbox"/> New Pharmacy

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7
Please check box for type of ownership and complete correct part of the application. | <input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH 01743)

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pet 360 Inc. dba Petscriptions

Physical Address: 2815 Watterson Trail Louisville, KY 40299

Mailing Address: 2815 Watterson Trail

City: Louisville State: Kentucky Zip Code: 40299

Telephone: 502-267-1131 Fax: 502-267-7223

Toll Free Number: 877-973-8360 (Required per NAC 639.708)

E-mail: contact@petscriptions.com Website: pet360.com & petfooddirect.com

Managing Pharmacist: Justin Mills License Number: 014926

Hours of Operation:

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 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 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,**

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☐ 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: Vital Rx, Inc dba Atlantic Pharmacy & Compounding
Physical Address: 1000 E. Atlantic Blvd.
Mailing Address: 1000 E. Atlantic Blvd.
City: Pompano Beach State: FL Zip Code: 33060
Telephone: 954-366-6519 Fax: 954-366-6523
Toll Free Number: 800-603-4508 (Required per NAC 639.708)
E-mail: drserge@apcrx.co Website: www.apcrx.co
Managing Pharmacist: Serge Franco License Number: PS 31593

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,**

71301

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ 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: Wright Specialty Pharmacy and Diabetic Supply LLC

Physical Address: 1162 West Poplar Ave. PBA - Benevere Pharmacy

Mailing Address: 1162 West Poplar Ave.

City: Collierville State: TN Zip Code: 38017

Telephone: 866-465-1043 Fax: 901-861-3095

Toll Free Number: 866-465-1043 (Required per NAC 639.708)

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

Managing Pharmacist: Jennifer R. Tucker License Number: 4996

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,

71640

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ 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: Independence Holding Company LLC d/b/a Complete Care Pharmacy

Physical Address: 101 E. Plummer, Chatham, IL 62629

Mailing Address: c/o State License Servicing, 321 Route 94 South, Warwick, NY 10990

City: _____ State: _____ Zip Code: _____

Telephone: 217-483-2496 Fax: 217-483-5772

Toll Free Number: 800-630-5143 (Required per NAC 639.708)

E-mail: CCP@SLSNY.COM Website: www.completecarepharmacy.net

Managing Pharmacist: Michelle R. Gwinn-Mackey License Number: 051286073

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,**

71242

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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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: Independence Holding Company LLC d/b/a Complete Care Pharmacy

Physical Address: 201 N. 5th St., Springfield, IL 62701

Mailing Address: c/o State License Servicing, 321 Route 94 South, Warwick, NY 10990

City: _____ State: _____ Zip Code: _____

Telephone: 217-528-8096 Fax: 217-528-8152

Toll Free Number: 800-604-0784 (Required per NAC 639.708)

E-mail: CCP@slny.com

Website: www.completecarepharmacy.net

Managing Pharmacist: Jeffrey M. Denney License Number: 051.295711

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,**

71299

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

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH _____) <input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7 <input type="checkbox"/> Sole Owner – Pages 1,2,6,7
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: Elwyn Specialty Care

Physical Address: 3070 McCann Farm Drive Suite 101

Mailing Address: 3070 McCann Farm Drive Suite 101

City: Garnety Valley State: PA Zip Code: 19060

Telephone: 610-545-6040 Fax: 610-545-6030

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

E-mail: sseiden@elwynpharmacygroup.com Website: www.elwynspecialtycare.com

Managing Pharmacist: Stephen Seiden License Number: RP44127

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No <input checked="" 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: _____	AND	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,**

72058

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: Executive Pharmacy LLC

Physical Address: 4300 N University Dr #E200

Mailing Address: 4300 N University Dr #E200

City: Ft Lauderdale State: FL Zip Code: 33351

Telephone: (954) 368-0901 Fax: (800) 918-4152

Toll Free Number: (800) 918-4169 (Required per NAC 639.708)

E-mail: danny@execpharmacy.com Website: execpharmacy.com

Managing Pharmacist: Leonard Arteaga License Number: PS12146

TYPE OF PHARMACY AND	SERVICES PROVIDED
Yes/No <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Ambulatory Surgery Center <input type="checkbox"/> Other: _____	Yes/No <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 <input type="checkbox"/> Sterile Compounding ** <input checked="" type="checkbox"/> Non Sterile Compounding <input type="checkbox"/> Mail Service Sterile Compounding ** <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,**

71560

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: Highland Specialty Pharmacy, LLC

Physical Address: 23 Town Center Square

Mailing Address: 23 Town Center Square

City: Hattiesburg State: Ms. Zip Code: 39402

Telephone: 601.268.6033 Fax: 601.268.6690

Toll Free Number: 855.894.4441 (Required per NAC 639.708)

E-mail: Highlandrx01@hotmail.com Website: N/A

Managing Pharmacist: Brooke Z. Oglesby License Number: E-13114-MS

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- ☒ ☐ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☒ ☐ Community
☒ ☐ Other: non-sterile compounding

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,**

71638

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: Inverness Apothecary Trinity
Physical Address: 24333 Gordon Terry Parkway Suite B Trinity AL 35671
Mailing Address: 24333 Gordon Terry Parkway Suite B
City: Trinity State: AL Zip Code: 35673
Telephone: (256) 260 3550 Fax: (256) 260 3551 or (855) 700-6337
Toll Free Number: (855) 708 7464 (Required per NAC 639.708)
E-mail: inverxapothecarytrinity@gmail.com Website: n/a
Managing Pharmacist: Christopher Simpson License Number: 18826

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,

71243

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.

☐ 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

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Mack Bayou Pharmacy, LLC

Physical Address: 82 Mack Bayou Loop, Santa Rosa Beach, FL 32459

Mailing Address: 1485 Livingston Lane

City: Jackson State: Mississippi Zip Code: 39213

Telephone: 850-622-0730 Fax: 850-622-0755

Toll Free Number: 844-884-6620 (Required per NAC 639.708)

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

Managing Pharmacist: Amy A. Frazier License Number: PS44897

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,**

71303

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.
☐ 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: MedWorx Compounding, LLC
Physical Address: 950 E. County Line Rd. Suite A
Mailing Address: 950 E. County Line Rd. Suite A
City: Ridgeland State: MS Zip Code: 39157
Telephone: 601-859-5008 Fax: 866-394-7881
Toll Free Number: 866-690-1088 (Required per NAC 639.708)
E-mail: dreamofms@aol.com Website: www.medworx.us
Managing Pharmacist: Laura Cialone License Number: E11759

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,**

71298

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: PSG of Sarasota, LLC (DBA: Pharmetrics Specialty Rx)

Physical Address: 11880 28th Street N, Suite 100, St Petersburg, FL 33716

Mailing Address: Same as above

City: St Petersburg State: FL Zip Code: 33716

Telephone: 727 302 8135 Fax: 727 800 6924

Toll Free Number: 855 650 6644 (Required per NAC 639.708)

E-mail: kerry.nicklas@pharmetricsrx.net Website: pharmetricsrx.net

Managing Pharmacist: Jessica Maltz License Number: PS50403

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,

71239

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: RICHARDSON EAST NEIGHBORHOOD PHARMACY, INC.

Physical Address: 189 NORTH PLANO ROAD, #120

Mailing Address: SAME

City: RICHARDSON State: TX Zip Code: 75081

Telephone: 972-234-4668 Fax: 866-728-6084

Toll Free Number: 844-744-7400 (Required per NAC 639.708)

E-mail: Pending

Website: Pending

Managing Pharmacist: BRANDON HENDRICKSON License Number: #54530

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No <input type="checkbox"/> <input checked="" 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 checked="" 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,**

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: Rite Care Pharmacy
Physical Address: 7560 Greenville Ave.
Mailing Address: 7560 Greenville Ave
City: Dallas State: TX Zip Code: 75231
Telephone: 214-421-2210 Fax: 214-631-5800
Toll Free Number: 855-414-7484 (Required per NAC 639.708)
E-mail: Carecentral@ritecarerx.com Website: ritecarerx.com
Managing Pharmacist: Adesh Pundir License Number: 54111

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

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,**

71302

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: Texas Health Infusion

Physical Address: 26107 Interstate 45 North, Suite A2, The Woodlands, TX 77380

Mailing Address: Same as above.

City: The Woodlands State: Texas Zip Code: 77380

Telephone: (281) 419-8833 Fax: (281) 419-8830

Toll Free Number: (281) 419-8833 (Required per NAC 639.708)

E-mail: txhealthrx@gmail.com Website: www.txhealthrx.com

Managing Pharmacist: Khandoker Rafiqul Haque License Number: 35337

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,**

71240

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.
☐ 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: Topical Solutions Pharmacy, LLC

Physical Address: 20612 N Cave Creek Rd, #150, Phoenix, AZ 85024

Mailing Address: 20612 N Cave Creek Rd, #150

City: Phoenix State: AZ Zip Code: 85024

Telephone: 480-351-8278 Fax: 480-351-8277

Toll Free Number: 888-973-3475 (Required per NAC 639.708)

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

Managing Pharmacist: Tiara Marie Patten License Number: S019929

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,**

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Total Vein Pharmacy

Physical Address: 2428 Yale St Suite B, Houston TX 77008

Mailing Address: 2428 Yale St Suite B

City: Houston State: TX Zip Code: 77008

Telephone: 713-861-1234 Fax: 832-565-1234

Toll Free Number: 855-322-2855 (Required per NAC 639.708)

E-mail: tamra@totalveinpharmacy.com Website: www.totalveinpharmacy.com

Managing Pharmacist: Tamra Saam License Number: 47616

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,**

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: Valley Drug and Compounding, Inc
Physical Address: 16928 Ventura Blvd, Encino CA 91316
Mailing Address: 16928 Ventura Blvd, Encino CA 91316
City: Encino State: CA Zip Code: 91316
Telephone: 818-788-0635 Fax: 818-386-2688
Toll Free Number: 877-482-6231 (Required per NAC 639.708)
E-mail: valleydrug@att.net Website: www.valleydrug.net
Managing Pharmacist: Rafael Figueroa, Pharm.D. License Number: RPH 42850

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,**

sterile compounding - although we are licensed in California as a sterile compounding pharmacy we have no intent to, nor will we ship any products to Nevada.

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: ASTELLAS PHARMA US, INC.

Physical Address: 1 ASTELLAS WAY

Mailing Address: 1 ASTELLAS WAY

City: NORTHBROOK State: IL Zip Code: 60062

Telephone: 224-205-8235 Fax: 224-205-5904

Toll Free Number: _____

E-mail: TIM.CATALANO@ASTELLAS.COM Website: WWW.ASTELLAS.COM

Facility Manager: TIM CATALANO

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

manu

71718

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: EPIEN MEDICAL, INC.
Physical Address: 4225 WHITE BEAR PKWY, SUITE 600
Mailing Address: SAME AS ABOVE
City: SAINT PAUL State: MN Zip Code: 55110
Telephone: 651-653-3380 Fax: 651-653-8569
Toll Free Number: 1-888-884-4675
E-mail: tpugsley@epien.com Website: www.epien.com
Facility Manager: REGINALD DUPRE
Professional qualifications and experience of facility manager: CEO. 15+ years with company.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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

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

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☐ New Wholesaler ☒ Ownership Change
(Please provide current license number if making changes: WH01646)

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

GENERAL INFORMATION

Facility Name: Hi-Tech Pharmaceutical Co., Inc.
Physical Address: 13 Edison Street East
Mailing Address: 369 Bayview Avenue
City: Amityville State: NY Zip Code: 11701
Telephone: 631-789-8228 Fax: 631-881-9402
Toll Free Number: 800-262-9010
E-mail: April.polikoff@akom.com Website: www.hitechpharm.com
Facility Manager: Eyal Mares, Vice President, Operations
Professional qualifications and experience of facility manager: _____

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: chain drug store distribution centers, mail order pharmacy centers

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 _____)
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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: LifeCell Corporation

Physical Address: 220 Evans Way, Branchburg, NJ 08876

Mailing Address: KCI USA, Inc., 6103 Farinon Drive, Attn: HCC/Denise

City: San Antonio State: Texas Zip Code: 78249

Telephone: (908) 947-1100 Fax: (908) 947-1095

Toll Free Number: 1-800-367-5737

E-mail: fharrison@lifecell.com Website: www.lifecell.com

Facility Manager: Robert Utzinger

Professional qualifications and experience of facility manager: Please see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: surgery centers

Type of Products to be handled or wholesaled by firm:

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

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

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

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input 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: Neos Therapeutics, LP

Physical Address: 2940 North Hwy 360, Suite 400

Mailing Address: Same

City: Grand Prairie State: TEXAS Zip Code: 75050

Telephone: 972-408-1300 Fax: 972-408-1143

Toll Free Number: N/A

E-mail: dengelking@neostx.com Website: www.neostx.com

Facility Manager: Dorothy Engelking

Professional qualifications and experience of facility manager:
Vice President of Regulatory Affairs

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 (RP0230033) (copy included))
☐ 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)
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<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH01456)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7 LLC
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Par Sterile Products, LLC
Physical Address: 870 Parkdale Road, Rochester, MI 48307
Mailing Address: One Ram Ridge Road
City: Spring Valley State: NY Zip Code: 10977
Telephone: 248-656-5400 Fax: 248-656-5528
Toll Free Number: _____
E-mail: michael.rutkowski@parpharm.com Website: www.parpharm.com
Facility Manager: Michael Anthony Rutkowski
Professional qualifications and experience of facility manager: Refer to attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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

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

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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: Pharmaceutical Credit Company, LLC

Physical Address: 130 Seaboard Lane, Suite A-6, Franklin, TN 37067

Mailing Address: 130 Seaboard Lane, Suite A-6

City: Franklin State: TN Zip Code: 37067

Telephone: 800-487-4308 Fax: 615-373-7727

Toll Free Number: 800-487-4308

E-mail: vbostic@sasrx.com Website: www.pccccredit.com

Facility Manager: Vicki Bostic

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: Manufacturers, Dentists, Veterinarians

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, Pseudoephedrine, Dental, Vaccines/Biologicals, List 1&2 Chemicals, Solid Dose, Injectables, Ophthalmic, Liquid (Oral), Topical, Vitamins

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: Sancilio and Company Inc

Physical Address: 3874 Fiscal Court Suite 200

Mailing Address: same as above

City: Riviera Beach State: FL Zip Code: 33404

Telephone: 561 847 2302 Fax: 561 847 2312

Toll Free Number: 800 724 8711

E-mail: licenses@sancilio.com Website: www.sancilio.com

Facility Manager: Dr Frederick D Sancilio

Professional qualifications and experience of facility manager: 40⁺ years experience as CEO of pharmaceutical companies; Ph.D in Chemistry

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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72120

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

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

Application must be printed legibly or typed

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

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

Physical Address: 9124 Polk Lane, Suite 101, Olive Branch, MS 38654

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone: 662-895-8000 Fax: 662-895-8822

Toll Free Number: N/A

E-mail: glenn.boylan@smiths-medical.com Website: www.smiths-medical.com

Facility Manager: Glenn Boylan

Professional qualifications and experience of facility manager: 25 years Distribution Management Experience

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

73498

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: <u>WH_01517_</u>)	

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

GENERAL INFORMATION

Facility Name: SMITH MEDICAL PARTNERS, LLC

Physical Address: 950 LIVELY BOULEVARD, WOOD DALE, IL 60191

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

City: WARWICK State: NY Zip Code: 10990

Telephone: 630-787-6864 Fax: 630-787-6896

Toll Free Number: 866-232-1222

E-mail: SMP@SLSNY.COM Website: WWW.SMPSPECIALTY.COM

Facility Manager: Robert Frusolone

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: CLINICS AND INSTITUTIONS

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

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

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

☐ New Wholesaler ☒ **Ownership Change**
(Please provide current license number if making changes: WH_01831)

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

GENERAL INFORMATION

Facility Name: SMITH MEDICAL PARTNERS, LLC

Physical Address: 940 LIVELY BOULEVARD, WOOD DALE, IL 60191

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

City: WARWICK State: NY Zip Code: 10990

Telephone: 630-227-9330 Fax: 630-227-9220

Toll Free Number: 866-232-1222

E-mail: SMP@SLSNY.COM Website: WWW.SMPSPECIALTY.COM

Facility Manager: Carolyn Kroll

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: CLINICS AND INSTITUTIONS

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

72118

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

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

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

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

GENERAL INFORMATION

Facility Name: TWIN MED, LLC

Physical Address: 11333 GREENSTONE AVE. SANTA FE SPRINGS, CA 90670

Mailing Address: 11333 GREENSTONE AVE.

City: SANTA FE SPRINGS State: CA Zip Code: 90670

Telephone: (323) 582-9900 Fax: (323) 277-0614

Toll Free Number: N/A

E-mail: jsantana@twinmed.com Website: www.tmedonline.com

Facility Manager: Jaime Santana

Professional qualifications and experience of facility manager: Been employed as the facility manager since May 2011.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

72119

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: Tri-anim Health Services, Inc.

Physical Address: 3221 E. Arkansas Lane, Suite 140, Arlington, TX 76010

Mailing Address: Attn: Regulatory Affairs, P.O. Box 8023, Dublin, OH 43016

City: see "Physical Address" above State: _____ Zip Code: _____

Telephone: 817-649-0400 Fax: 877-899-4393

Toll Free Number: _____

E-mail: regulatory@sarnova.com Website: www.tri-anim.com

Facility Manager: Carrie Reel, Operations Manager; Brandon Armstrong, Warehouse Lead

Professional qualifications and experience of facility manager: Mr. Armstrong has 1 year and 11 months' experience with Rx drug distribution. He completed the CA designated rep. training course conducted by Access Pharmacy Resources (approved by the CA Bd. of Pharmacy) on 6/10/12.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: long-term care, surgery centers, nursing homes and other clinical settings

Type of Products to be handled or wholesaled by firm:

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

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Well Gistics, LLC

Physical Address: 480 Eagles Landing Drive

Mailing Address: Same As Above

City: Lakeland State: FL Zip Code: 33810

Telephone: 855-748-2660 Fax: 877-283-9174

Toll Free Number: 855-748-2660

E-mail: charris@wellgistics.com Website: None Currently

Facility Manager: Christopher Harris

Professional qualifications and experience of facility manager: see included resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

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

72059

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6
<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: MedStar Diabetic Supply, LP dba CCS Medical

Physical Address: 3933 East California Parkway, Suite A
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1505 LBJ Freeway, Suite 600, Farmers Branch, TX 75234

City: Forest Hill State: TX Zip Code: 76119-7384

Telephone: 817-535-7755 Fax: 817-535-5456

E-mail: licensing@ccsmed.com Website: www.ccsmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30am to 5:30pm Tue: 8:30am to 5:30pm Wed: 8:30am to 5:30pm Thu: 8:30am to 5:30pm
Fri: 8:30am to 5:30pm Sat: CLOSED to Sun: CLOSED to Holidays: CLOSED to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Alana Capehart

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

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

71238

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Matheson Tri-Gas, Inc.

Physical Address: 11530 Pecos Road, Mesa AZ 85212
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1916 2nd Street NW, Albuquerque, NM 87102

City: Mesa State: AZ Zip Code: 85212

Telephone: 928-701-2447 Fax: 928-701-2447

E-mail: fsanchez@mathesongas.com Website: mathesongas.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8am to 5pm Sat: n/a to Sun: n/a to Holidays: n/a to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Freddie Sanchez

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

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

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

Name: Troy Olivieri Telephone: 775-359-5211

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Medline Industries, Inc

Physical Address: 400 D'arcy Parkway Lathrop, CA 95330
(This must be a business address, we can not issue a license to a home address)

Mailing Address: One Medline Place

City: Mundelein State: IL Zip Code: 60060

Telephone: 209-858-3260 Fax: 209-858-2429

E-mail: SCONANT@MEDLINE.COM Website: medline.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7AM to 6PM Tue: 7AM to 6PM Wed: 7AM to 6PM Thu: 7AM to 6PM
Fri: 7AM to 6PM Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: David Molina

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

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthetics |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>CPAPs, Catheters, TENS Units, Incontinence Supplies, Manual Wheelchairs, Compression Stockings, Ostomy/Urologicals</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: NA Telephone: NA

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)

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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: Medline Industries, Inc

Physical Address: 1089 E Mill St San Bernadino, CA 92408
(This must be a business address, we can not issue a license to a home address)

Mailing Address: One Medline Place

City: Mundelein State: IL Zip Code: 60060

Telephone: 909-386-0362 Fax: 909-386-0513

E-mail: SCONANT@MEDLINE.COM Website: medline.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7AM to 6PM Tue: 7AM to 6PM Wed: 7AM to 6PM Thu: 7AM to 6PM
Fri: 7AM to 6PM Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Dario Baeza

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

- | | |
|---|--|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthetics |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>CPAPS, Catheters, TENS Units, Incontinence Supplies, Manual Wheelchairs, Compression Stockings, Ostomy/Urologicals</u> |

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

Name: N/A Telephone: N/A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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<input 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: Oculus Innovative Sciences, Inc.
Physical Address: 1129 N. Mc Dowell Blvd Petaluma CA 99954
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 1129 N. Mc Dowell Blvd
City: Petaluma State: CA Zip Code: 99954
Telephone: 707 559 7235 Fax: 707 676 1693
E-mail: mhayashi@oculusis.com Website: www.oculusis.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: NA to NA Sun: NA to NA Holidays: NA to NA

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Mass Hayashi

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>Wound MGMT</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: Mass Hayashi Telephone: 707 559 7235

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input 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: PROTO SCRIPT PHARMACEUTICALS CORP
Physical Address: 2221 E. WINSTON ROAD SUITE 0 ANAHEIM, CA 92806
(This must be a business address, we can not issue a license to a home address)
Mailing Address: P.O. Box 2467 RANCHO CUCAMONGA, CA 91729
City: RANCHO CUCAMONGA State: CA Zip Code: 91729
Telephone: 855-476-7679 Fax: 951-572-3745
E-mail: TMOFF17@PSPHOME.COM Website: WWW.PSPHOME.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4
Fri: 9 to 3 Sat: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: TERRY MOFFITT

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 checked="" type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: _____ |

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

Name: TERRY MOFFITT Telephone: 909-521-6874

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

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

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

Application must be printed legibly or typed

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

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

<input 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 Desert Springs

Physical Address: Desert Springs Hospital Medical Center, 2075 E. Flamingo Road

Mailing Address: same as above

City: Las Vegas State: NV Zip Code: 89119

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

Toll Free Number: n/a

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

Managing Pharmacist: Diane Galinato License Number: 18659

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

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

Application must be printed legibly or typed

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

<input 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 Valley Hospital

Physical Address: Valley Hospital Medical Center, 620 Shadow Lane

Mailing Address: same as above

City: Las Vegas State: NV Zip Code: 89106

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

Toll Free Number: n/a

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

Managing Pharmacist: Kelly Green License Number: 10331

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)

Application must be printed legibly or typed

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

<input 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 Spring Valley

Physical Address: Spring Valley Hospital Medical Center, 5400 S. Rainbow Blvd

Mailing Address: same as above

City: Las Vegas State: NV Zip Code: 89118

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

Toll Free Number: n/a

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

Managing Pharmacist: Warren Wood License Number: 11719

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input 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: The John Galt Group LLC

Physical Address: 9480 Double Diamond Pkwy

Mailing Address: 9190 Double Diamond Pkwy

City: Reno State: NV Zip Code: 89521

Telephone: 775-850-8050 Fax: 775-850-8010

Toll Free Number: _____

E-mail: aj@reardengalt.com Website: None

Managing Pharmacist: Jeff Monaghan License Number: 06078

Hours of Operation:

Monday thru Friday 8 am 5 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Craig W. Moon, RPh

Nevada Board of Pharmacy
431 Plumb Lane
Reno, NV 89509
September 7, 2014

Dear Board of Pharmacy;

I would like to request that the probationary status of my Nevada Pharmacist license #08150 be removed. This status was placed on my license because of an action in Wisconsin. There is no longer a suspension on my license in Wisconsin. I have submitted documents with this letter to confirm this.

I am unable to appear before the Board. My stepson Alexander Grinkevich is a 24 year old young man with Cerebral Palsy and Spastic Quadriplegia and is medically fragile. His mother and I are his sole caregivers. Alex requires 24/7 care and I can not be away for any period of time. You may confirm this with Alex's mother Robin Grinkevich. I will be happy to answer any question via telephone conference or I can attempt to appear via Skype if necessary.

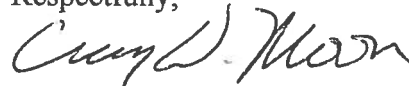
You are more than welcome to any treatment records via SARPH in Pennsylvania. This person to contact is Kathie Simpson who is the director. Her telephone number is

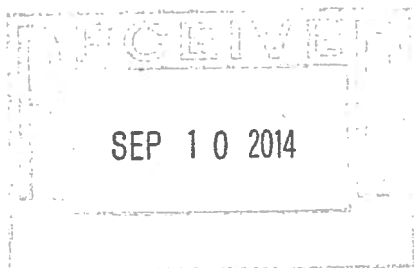
I would also encourage you to contact Louis Baxter, MD at the Professional Assistance Program of New Jersey (PAPNJ). Dr. Baxter is the past president of the American Society of Addiction Medicine and has been involved in my care for over five years. His telephone number in Princeton, NJ is

I am not going to be practicing in Nevada for any reason. My desire is twofold. I wish to be eligible to obtain a pharmacist license in my home state of New Jersey. I am unable to do that if I have a probationary status in another state. I would also like to be able to apply for federal positions as a pharmacist. Again, I am unable to do that with my probationary status in Nevada.

Please feel free to contact me should you have any questions.

Respectfully;


Craig W. Moon





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Spam (155)

Trash (41)

Folders

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Sponsored



Strengthen Your

Key Ingredients to Build Your Muscle

Your recent petition(2)

Hide message history

On Thursday, March 27, 2014 12:36 PM
DSPS"

Dear Dr. Moon,

The board considered your latest request dated November 29, 2013. Board Legal Counsel has advised the Board that as of June 1, 2013, it has no authority or jurisdiction to act on your request. This is because your license to practice Pharmacy expired on June 1, 2008 and your five year right to renew expired on June 1, 2013. Thereafter, your status in Wisconsin is that of an inactive and/or expired license. This also means that as of June 1, 2013, you are not subject to a suspension as you do not have a Pharmacist license (or right to renew) to suspend. Finally, without jurisdiction, the Board cannot go back and remove or change a prior suspension.

Should any state request certification of the status of your license from Wisconsin, our records will reflect that your current status is that of an expired license.

Candace O. Bloedow
Monitor/Investigator
Division of Legal Services and Compliance

Reply, Reply All or Forward | More

To Craig Moon

Show message history

Send

Available on iOS
and Android

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B I [Image] [Image] [Image] [Image] [Image] [Image] [Image] [Image] [Image] [Image]

Craig W. Moon, RPh

Mr. Dave Ross
Department of Safety and Professional Standards
1400 E. Washington Ave.
Madison, WI 53703
December 18, 2012

Dear Secretary Ross;

I would like to request that you and the current leadership at the Department of Safety and Professional Standards review my case with the Pharmacy Examining Board. I feel that numerous errors have been made in the case and the Board has repeatedly ignored precedent. I previously wrote the last Secretary of the DRL and was largely ignored. I also previously have written Governor Doyle. I received a telephone message from somebody in his office named Jeff who stated that while they were concerned about how the case had been handled they were unable to take any action at that time which was in May of 2010.

The case dates back to an incident that took place on November 4, 2004. I was employed by the Walmart in Tomah as a managing pharmacist. While I take full responsibility in putting myself in a bad situation due to poor judgment in a stressful situation, I deny what was alleged in the complaint against me. In January of 2006 I was sent a complaint by the Department. I contacted my attorney, Dan Fay of Pewaukee, and moved to contest the charges. I had made the decision by that time to relocate to New Jersey to be with my fiancée and her disabled son. In the subsequent months I offered to join the Impaired Professionals Process which was refused by the prosecutor Arthur Thexton in spite of the fact that the monitoring parameters would have been the same as a Board action and the fact that I had made it clear I was leaving Wisconsin. Mr. Thexton told my attorney after a deposition in April of 2006 that he intended to make an example of me.

The case progressed to an administrative hearing before a judge in June of 2006. Four charges were brought against me by the prosecutor and the hearing lasted approximately a day and a half with witnesses called for both sides. At the conclusion of the hearing the prosecution added two other charges which they said resulted from the testimony given. My attorney objected but was overruled. We were not allowed witnesses who would have directly disputed the added charges. The judge said that my attorney could address the additional charges in written briefs to be submitted to the judge. An attorney acquaintance of mine here in New Jersey who is very familiar with administrative law tells me that was a clear violation of due process. Ultimately, the judge exonerated me of the four original charges but said I was guilty of the two charges added at the end of the hearing. I was never sent a copy of the ruling from DRL and my attorney had taken my money and was not returning phone calls by that point. Because of that I missed my ability to appeal the judge's decision. The Pharmacy Board then went with the decision of the judge in December of 2006. I was never sent a copy of that decision either by the DRL. Those documents are always sent by certified mail and if you check the records that document was never sent to me. I finally was told about it by a friend who had seen the decision posted on the DRL website.

I continued to attempt to contact my attorney about the status of the case from approximately Labor Day of 2006 forward on nearly a daily basis. He never returned any telephone calls. I finally filed a complaint with the Office of Lawyer Regulation in April of 2007. Mr. Fay was cited by the Wisconsin Supreme Court for "lack of due diligence" and ordered to do a remediation program. That however did nothing for my case.

I moved to New Jersey in May of 2007. I had applied for reciprocity to New Jersey using my Nevada license which had not ever had any action taken against it. I was denied licensure in New Jersey based on an active suspension in Wisconsin. I wrote Secretary Jackson in the spring of 2008 and asked that the license be put on an inactive status the suspension removed. I made it clear that I had no intention of ever living in or practicing in Wisconsin in the future. I received a letter from the head prosecutor of the Division of Enforcement, John Tenby, who claimed the DRL had no such status in a letter dated December

19, 2008. I have come to learn that is not exactly the case. Please refer to the cases of Dr. Jack Elder and Dr. Anthony Sanchez, both of California, in actions by the Dentistry Examining Board. Both individuals were found to have committed insurance fraud while practicing in Wisconsin. Both men were ordered not to practice in Wisconsin and their licenses would not be renewed. Both individuals are currently practicing in California and have no sanctions on their licenses in California according to the website for the Dental Board in California. I would have happily taken such a solution to my case and would still. The only suggestion made by the DRL was that I could surrender my expired license in which case I would be permanently barred from practicing in my home state of New Jersey according to their rules.

Mr. Thexton's actions toward me have been nothing short of vengeful. In August of 2000 I had a positive UDS for alcohol. I knew the result was erroneous. I had my physician run a glucose stress test which was positive for spilling glucose into urine. A physician who was also under the care of the Professional Recovery Network had the exact same set of circumstances that weekend. In those days we were allowed to transport our own urine samples after going to our collector. The collections were done in both cases the first week of August when the temperature was well over 90 degrees. Both samples had sat in cars for a prolonged period. The Medical Board accepted the test result from that physician and imposed no further sanctions. Mr. Thexton however convened an emergency session of the Pharmacy Examining Board to suspend my license. He interviewed nobody from my place of employment including the individual who I had sat next to for the four hours prior to the sample being taken, he did not interview the collector of the sample who happened to be a physician himself, and he disregarded the results of the glucose stress test. As a result I was unable to work for over four weeks until the next regularly scheduled board meeting and had to pay several thousand dollars in legal fees defending myself and had to submit additional urine samples over the next 18 months at considerable expense.

The action in 2006 could have been easily resolved and the result would have been in essence the same. I would have gladly enrolled in the IPP at that time and saved everyone considerable time and expense. I also would have accepted a similar arrangement given to Drs. Elder and Sanchez, both of whom defrauded the public but have continued their careers.

I applied for a pardon from the Governor's Pardon Board in 2009 and was denied. It appears that under Governor Walker an administrative pardon is no longer possible. The Pharmacy Board has stated that I must utilize FirstLab for them to accept any results. That is impossible for me. They also have refused to lower the required monthly tests in spite of previous precedent. When individuals have been unemployed or not working in the profession there traditionally has been a reduction in the number of tests required. They refused my request to do so. I am under the care of Dr. Louis Baxter of the Professional Assistance Program of Princeton, NJ. Dr. Baxter is one of the leading authorities on addiction management in the country and his program is the recognized provider of test results in this state. The Pharmacy Board has refused however to accept his results in spite of the fact I have made it very clear I am not returning to Wisconsin in any professional capacity.

PAPNJ has kept me as a patient pro bono for the most part as I am financially destitute. I was forced to sell my home in Pewaukee at far below market value. The New Jersey Pharmacy Board will not grant me a license with an active suspension in place and as I previously stated a surrender would permanently prevent me from practicing in this state. If you have any questions regarding this case please do not hesitate to call me or the PAPNJ. Thank you for your time.

Sincerely;

Craig W. Moon

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STIPULATION AND ORDER

CRAIG W. MOON, R.PH
Certificate of Registration No.: 08150

Case No. 07-026-RPH-O

Respondent.

_____/

The Nevada State Board of Pharmacy and Respondent Craig W. Moon, hereby stipulate as follows:

1. That Notice of Intended Action and Accusation was sent to Respondent on April 10, 2007 and received.
2. That Respondent is fully aware of his right to a hearing on the matters alleged in the Notice of Intended Action and Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to his pursuant to the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.
3. That Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal, and any and all other rights that may be accorded to him by the Nevada Administrative Procedure Act and the Nevada Pharmacy Act.
4. That Respondent admits the truth of the matters alleged in the Notice of Intended Action and Accusation.
5. That cause for disciplinary action against the Respondent exists pursuant to the provisions of Nevada Revised Statutes 639.210(14).
6. That the admissions made herein are for the purpose of this proceeding only and shall have no force or effect in any other case or proceeding.

7. That based upon the Notice and Intended Action and Accusation and the foregoing admissions, it is stipulated that the following penalty is imposed:

Certificate of Registration Number 08150 heretofore issued to Respondent is placed on probation according to the following terms and conditions:

- a. Mr. Moon may not engage in the practice of pharmacy or otherwise work in a business licensed by this Board unless and until he appears before the Board and the Board grants him the opportunity to work in Nevada.
- b. Before Mr. Moon can apply to work in Nevada, he must provide to the Board's office written evidence that his license is no longer suspended in Wisconsin and any other documents regarding his status and capability to practice in Wisconsin.
- c. The Board may condition Mr. Moon's practice in Nevada as the Board deems necessary and appropriate after Mr. Moon's appearance before the Board.

8. If this Stipulation and Order is not accepted in its entirety by the Nevada State Board of Pharmacy, it shall have no effect whatsoever.

I have fully considered the charges and allegations contained in the Notice of Intended Action and Accusation. I understand my right to a hearing as well as my right to reconsideration, appeal and any and all other rights accorded to me under Nevada Administrative Procedure Act, the Nevada Pharmacy Act including my right to be represented by counsel at my own expense. **I hereby freely and voluntarily waive all of the above rights and agree to the terms of the instant Stipulation and Order.**

Dated

5-19-07

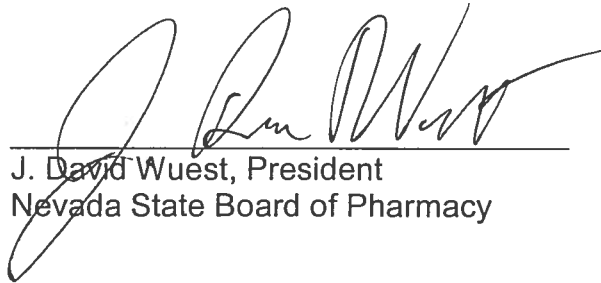

Craig W. Moon, R.Ph

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision and hereby orders that the foregoing Stipulation be made effective. This decision and order shall be effective on the 6th day of June, 2007.

6/6/07

DATED



J. David Wuest, President
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**CRAIG W. MOON, R.PH
Certificate of Registration No.: 08150**

Case No. 07-026-RPH-O

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make the following that will serve as both a Notice of Intended Action under Nevada Revised Statutes (NRS) 233B.127(3) and as an Accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Moon is a registered pharmacist with the Board.

II.

On December 6, 2006, the State of Wisconsin, before the Pharmacy Examining Board, issued its Final Decision and Order in the matter of disciplinary proceedings against Craig W. Moon (Case No. LS0601191PHM). Mr. Moon was accused of working under the influence of alcohol while practicing as the managing pharmacist at a Wal-Mart store in Tomah, Wisconsin. Mr. Moon's pharmacist license was suspended for an indefinite period of time. Mr. Moon was required to participate in a drug and alcohol treatment program acceptable to the Board for a period of time sufficient to track his progress before he apply for a stay of his suspension.

III.

By receiving discipline against your license in a sister-state, you are subject to discipline pursuant to NRS 639.210(14).

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 11th day of April, 2007.



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

NOTICE TO RESPONDENT

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

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
)	
Petitioner,	)	CASE NO. 13-024-RPH-S
v.	)	CASE NO. 13-024-PH-S
)	
NAZIDA ZEBARI, R.PH.	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 17786,	)	AND ACCUSATION
)	
WALGREENS PHARMACY #04242)	
Certificate of Registration No. PH01165,)	
)	
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 alleged conduct, Respondent Nazida Zebari, Certificate of Registration No. 17786 (Ms. Zebari), was a registered pharmacist with the Board, and Respondent Walgreens Pharmacy #04242, Certificate of Registration No. PH01165 (Walgreens), was a pharmacy registered with the Board.

II.

On April 28, 2013, Dr. Ellen Martin of Southwest Medical Associates Urgent Care prescribed to ten-year-old patient JF ondansetron 4 mg. tablets with instructions to take 2 mg. (half a tablet) every four hours as needed. Dr. Martin transmitted the prescription electronically to Walgreens #04242. JF's mother, S. Hakes (Ms. Hakes), picked up the prescription from Walgreens the same day.

III.

The prescription, designated as prescription number 431719 (ondansetron 4 mg. tablets), was a new prescription for JF.

IV.

Ms. Hakes stated in the complaint, and again during an interview with a Board Investigator, that Respondent Ms. Zebari offered no counseling regarding JF's new medication. Respondent Ms. Zebari wrote in her written statement dated June 23, 2014, that counseling was offered and declined. Ms. Zebari disclosed during an interview with the Board investigator that she asked Ms. Zebari: "Do you have any questions?"

V.

On April 29, 2013, Ms. Hakes started to give JF a dose of the ondansetron that Walgreens dispensed. Ms. Hakes noticed that the dose directed on the label was significantly more than the dose that JF received during her visit with Dr. Martin. The instructions on the electronic prescription read: "Ondansetron 4 MG Oral Tablet Dispersible *TAKE 2 mg every 4 hours PRN*" (as needed). The label reads: "ONDANSETRON ODT 4MG TABLETS GIVE "J" 2 TABLETS BY MOUTH EVERY 4 HOURS AS NEEDED", which is approximately four times the prescribed dose.

VI.

Ms. Hakes contacted Walgreens pharmacy manager, Joseph Henderson, who confirmed that the instructions on the prescription label were not correct.

VII.

Respondent Ms. Zebari was the pharmacist who initiated the processing of JF's prescription. During data entry, Ms. Zebari input the incorrect dosing instructions to take 2 tablets (8 mg.) every four hours as needed, rather than the prescribed 2 mg. (one-half tablet) every four hours as needed.

VIII.

The dosing instructions entered into the computer by Ms. Zebari prompted two Drug Utilization Review (DUR) warnings to appear on the screen: 1) “6 EA OF ONDANSETRON ODT 4MG TABLETS EXCEEDS THE RECOMMENDED PEDIATRIC DOSAGE: 1 – 3 EA PER DAY”; and, 2) “HD-DOSE TOO HIGH.” Ms. Zebari overrode both DUR warnings.

IX.

Ms. Zebari filled and verified the prescription as accurate. When interviewed by the Board Investigator, Ms. Zebari said that she did not verify what she had typed against the scanned image in the pharmacy computer or the original electronic prescription. She only verified the drug.

FIRST CAUSE OF ACTION

X.

By filling and dispensing a prescription for ondansetron 4 mg. tablets with instructions to take 2 tablets (8 mg.) every four hours as needed, rather than the prescribed 2 mg. (one-half tablet) every four hours as needed, Nazida Zebari violated Nevada Administrative Code (NAC) 639.945(1)(d), and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute NRS 639.255.

SECOND CAUSE OF ACTION

XI.

In failing to provide adequate counseling for JF’s new prescription, Nazida Zebari violated NRS 639.266(1), NAC 639.707(1) and/or 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.255.

THIRD CAUSE OF ACTION

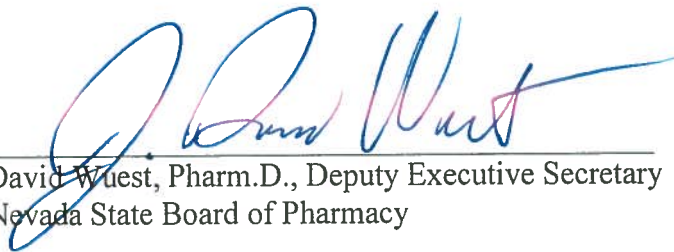
XII.

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

occurred, Walgreens Pharmacy #04242 is responsible for the actions of its employees, and therefore subject to discipline pursuant to NAC 639.945(2), which is grounds for action pursuant to 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 16th day of September, 2014.



David Wuest, Pharm.D., Deputy Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
)	
Petitioner,	)	CASE NO. 13-024-RPH-S
v.)	
)	
NAZIDA ZEBARI, R.PH.	)	STATEMENT TO THE RESPONDENT
Certificate of Registration No. 17786	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
Respondent.	/	RIGHT TO HEARING

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

I.

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

II.

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

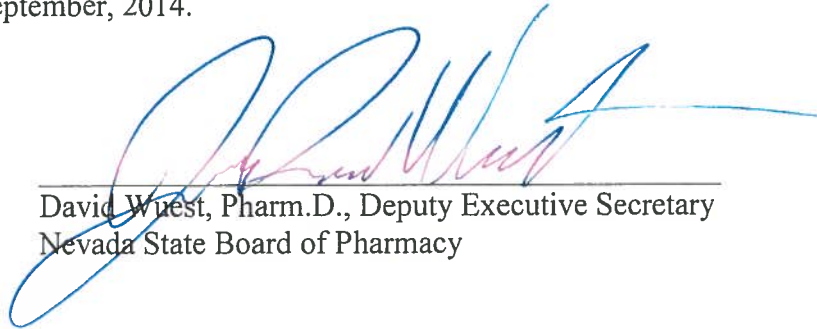
III.

The Board has reserved Wednesday, October 15, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

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 16th day of September, 2014.



David Wuest, Pharm.D., Deputy Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
)	
v.	)	CASE NO. 13-024-RPH-S
)	
NAZIDA ZEBARI, R.PH.	)	ANSWER AND
Certificate of Registration No. 17786	)	NOTICE OF DEFENSE
)	
Respondent.	/	

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

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

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

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

DATED this ____ day of September, 2014.

NAZIDA ZEBARI, R.PH.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
)	
v.	)	CASE NO. 13-024-PH-S
)	
WALGREENS PHARMACY #04242	)	ANSWER AND
Certificate of Registration No. PH01165	)	NOTICE OF DEFENSE
)	
Respondent.	/	

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

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

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

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

DATED this ____ day of September, 2014.

Print or Type name

Authorized Representative For Walgreens #04242



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 14-057-PTT-S
)	
Petitioner,	)	NOTICE OF INTENDED ACTION
v.	)	AND ACCUSATION
)	
KYOSHI FULLER, PTT)	
Certificate of Registration No. PT15926)	
)	
)	
Respondent.)	
	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because respondent Kyoshi Fuller, PTT (Mr. Fuller), Certificate of Registration No. PT15926, was a registered pharmaceutical technician in training with the Board at the time of the events alleged herein.

II.

On or about July 29, 2014, Board Staff received notification from the Kaplan College Pharmacy Technician Program Director notifying the Board that during a random drug screen on June 25, 2014, Mr. Fuller tested positive for marijuana. Mr. Brunton provided Board Staff a copy of Mr. Fuller's positive test result.

FIRST CAUSE OF ACTION

III.

By using marijuana and testing positive for marijuana use during a random drug screen, respondent Kyoshi Fuller violated Federal and state law regarding a controlled substance and is

subject to discipline by the Board pursuant to Nevada Revised Statute (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 16th day of September, 2014.


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

NOTICE TO RESPONDENT

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

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

KYOSHI FULLER, PTT

Certificate of Registration No. PT15926

Respondent.

) CASE NO. 14-057-PTT-S

2

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

3) AND ACCUSATION

) RIGHT TO HEARING

)

)

)

)

/

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

I.

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

II.

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

III.

The Board has reserved Wednesday, October 15, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 South Las Vegas Boulevard, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 10th day of September, 2014.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 14-057-PTT-S
)	
Petitioner,	)	ANSWER AND NOTICE
v.	)	OF DEFENSE
)	
KYOSHI FULLER, PTT)	
Certificate of Registration No. PT15926)	
)	
)	
Respondent.)	
	/	

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

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

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

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

DATED this ____ day of _____, 2014.

KYOSHI FULLER, PTT



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 14-055-PT-S
)	
Petitioner,)	
v.)	
	)	NOTICE OF INTENDED ACTION
SYLVIA CORONA, PT	)	AND ACCUSATION
Certificate of Registration No. PT14105,)	
)	
Respondent.	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Sylvia Corona, PT (Ms. Corona), Certificate of Registration No. PT14105, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

On or about August 8, 2014, Board Staff received notification from a CVS Regulatory Compliance Manager indicating that CVS terminated Ms. Corona from her employment as a pharmaceutical technician at CVS Pharmacy #5286. CVS terminated Ms. Corona's employment for diversion of controlled substances.

III.

In a written statement, Ms. Corona admitted to diverting approximately two-hundred hydrocodone/acetaminophen 10-325 tablets since February 2014, and approximately two-hundred carisoprodol 350 mg. tablets since April 2014. Ms. Corona claimed that she diverted the controlled substances for personal use due to back pain.


FIRST CAUSE OF ACTION

IV.

By diverting controlled substances, namely, two-hundred hydrocodone/acetaminophen 10-325 tablets, and two-hundred carisoprodol 350 mg. tablets, Sylvia Corona violated Nevada Revised Statute (NRS) 453.331(1)(d) and/or NRS 453.336(1), and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

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

Signed this 10th day of September, 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

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 14-055-PT-S
)	
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
SYLVIA CORONA, PT	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PT14105	)	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, October 15, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

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 10th day of September, 2014.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 14-055-PT-S
)	
Petitioner,)	
v.)	
)	
SYLVIA CORONA, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT14105	)	OF DEFENSE
)	
Respondent.)	
	/	

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

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

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

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

DATED this ____ day of _____, 2014.

SYLVIA CORONA, PT



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 14-049-PT-S
)	
Petitioner,)	
v.)	
	)	NOTICE OF INTENDED ACTION
ANTONIO SCOTT, PT	)	AND ACCUSATION
Certificate of Registration No. PT11463,)	
)	
Respondent.	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Antonio Scott, PT (Mr. Scott), Certificate of Registration No. PT11463, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

On or about July 1, 2014, Board Staff received notification from a Smith's Food and Drug (Smith's) District Pharmacy Coordinator indicating that Smith's terminated Mr. Scott from his employment as a pharmaceutical technician at Smith's Pharmacy #358. Smith's terminated Mr. Scott's employment for diversion of controlled substances.

III.

During an interview conducted by a Smith's District Loss Prevention Manager, and in a written statement, Mr. Scott admitted to diverting and selling controlled substances.

IV.

Mr. Scott diverted controlled substances by filling fraudulent prescriptions provided to him by an individual named "Denise". The prescriptions were for hydrocodone/acetaminophen 10-325 tablets and alprazolam 2 mg. tablets.

V.

Mr. Scott filled the fraudulent prescriptions and processed the sale of the prescriptions through the pharmacy computer system. He then reversed the sale of the prescription, which prompted an available refill for that prescription. Mr. Scott continued this procedure several times using different names to fill and refill fraudulent prescriptions for a combined total of approximately twenty-four thousand (24,000) hydrocodone/acetaminophen 10-325 tablets and alprazolam 2 mg. tablets.

VI.

"Denise" paid Mr. Scott two dollars per tablet. Mr. Scott estimates that since December 2013, he received \$48,000 from the sale of controlled substances that he filled from the fraudulent prescriptions and sold to "Denise".


FIRST CAUSE OF ACTION

VII.

By diverting controlled substances, namely, hydrocodone/acetaminophen 10-325 tablets and alprazolam 2 mg. tablets, Antonio Scott 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 10th day of September, 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

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 14-049-PT-S
)	
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
ANTONIO SCOTT, PT	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PT11463	)	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.

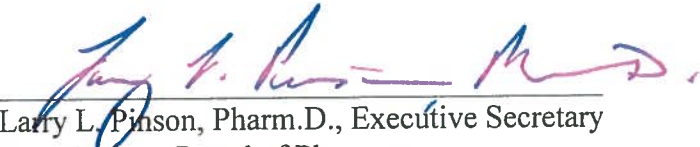
III.

The Board has reserved Wednesday, October 15, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

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 10th day of September, 2014.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 14-049-PT-S
)	
Petitioner,)	
v.)	
)	
ANTONIO SCOTT, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT11463	)	OF DEFENSE
)	
Respondent.)	
	/	

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

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

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

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

DATED this ____ day of _____, 2014.

ANTONIO SCOTT, PT



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	CASE NO. 14-047-PT-S
)	
Petitioner,)	
v.)	
	)	NOTICE OF INTENDED ACTION
ROMAN BAHENA, PT	)	AND ACCUSATION
Certificate of Registration No. PT14597,)	
)	
Respondent.	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Roman Bahena, PT (Mr. Bahena), Certificate of Registration No. PT14597, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

On or about June 3, 2014, Board Staff received notification from a Walmart Corporate Compliance Director indicating that Walmart terminated Mr. Bahena from his employment as a pharmaceutical technician at Walmart Pharmacy #10-3788 and Walmart Pharmacy #10-3354. Walmart terminated Mr. Bahena's employment for diversion of controlled substances.

III.

During an interview conducted by a Walmart Market Asset Protection Manager, and in a written statement, Mr. Bahena admitted to diverting approximately twenty-eight thousand (28,000) hydrocodone/acetaminophen tablets (multiple strengths). Mr. Bahena admitted to being addicted to hydrocodone for approximately four years, and to diverting the controlled substances for personal use. Mr. Bahena confessed to diverting the drugs from both Walmart Pharmacy #10-3788 and Walmart Pharmacy #10-3354 during his eight month employment with Walmart.


FIRST CAUSE OF ACTION

IV.

By diverting controlled substances, namely, twenty-eight thousand (28,000) hydrocodone/acetaminophen tablets (multiple strengths), Roman Bahena 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 10th day of September, 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

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 14-047-PT-S
)	
Petitioner,)	
)	
v.)	
	)	STATEMENT TO THE RESPONDENT
ROMAN BAHENA, PT	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PT14597	)	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, October 15, 2014, as the date for a hearing on this matter at the Hilton Garden Inn, 7830 S. Las Vegas Blvd., Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

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 10th day of September, 2014.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 14-047-PT-S
)	
Petitioner,)	
v.)	
)	
ROMAN BAHENA, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT14597	)	OF DEFENSE
)	
Respondent.)	
	/	

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

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

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

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

DATED this ____ day of _____, 2014.

ROMAN BAHENA, PT

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input 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: AbacusRx Pharmacy LLC

Physical Address: 1516 W. Warm Springs Road, Henderson, NV 89014

Mailing Address: 6776 Agave Azul Ct.

City: Las Vegas State: NV Zip Code: 89120

Telephone: (702) 378-1657 Fax: (702) 823-2395

Toll Free Number: _____

E-mail: kbcarlton@live.com Website: _____

Managing Pharmacist: Rossitza Mirtcheva License Number: 15306

Hours of Operation:

Monday thru Friday 8 am 10 pm

Saturday 8 am 10 pm

Sunday 8 am 10 pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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



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

Kristine B. Carton

Print Name of Authorized Person

Date

9-2-14

Board Use Only

Received:

9/17/14

Amount:

\$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: Kristine Carlton

Business Name: KDN Holdings, LLC

Current Business Address: 6776 Agave Azul Ct.

City: Las Vegas State: NV Zip Code: 89120

Telephone: (702)378-1657 Fax: (702) 823-2395

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

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

SOLE OWNER

Include with the application for a sole owner

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

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

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

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

I, Kristine B. Carlton


Responsible Person of AbacusRX Pharmacy LLC

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

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

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

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


Original Signature, no stamps or copies

9-2-14
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: ROSSITZA MIRTcheVA

License #: 15306

Pharmacy Name: AbacusRx

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>NV</u>	Date: <u>05-15-2014</u> Case #: <u>13-022 RPH-AS</u>
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

Blank

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

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

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

Application must be printed legibly or typed

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input 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: TRINITY PHARMACY

Physical Address: 2810 W CHARLESTON BLVD. UNIT 44 LAS VEGAS, NV 89102

Mailing Address: 55 EBERHARDT RD.

City: EAST HANOVER State: NJ Zip Code: 07936

Telephone: 973-573-2687 Fax: 201-360-0543

Toll Free Number: N/A

E-mail: trinityrx4@yahoo.com Website: N/A

Managing Pharmacist: MARY ROSE I. ARRIOLO License Number: 15919

Hours of Operation:

Monday thru Friday 10 am 6 pm

Saturday 10 am 2 pm

Sunday CLOSED am _____ pm

24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

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

71418

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

JOANN S. BHATIA
Print Name of Authorized Person

8/21/14
Date

Board Use Only	Received: _____	Amount: <u>\$500.00</u>
----------------	-----------------	-------------------------

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: JOANN BHATIA

Business Name: TRINITY PHARMACY

Current Business Address: 2810 W. CHARLESTON BLVD. UNIT 44

City: LAS VEGAS State: NV Zip Code: 89102

Telephone: 973-573-2687 (TEMPORARY) Fax: 201-360-0543 (TEMPORARY)

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: N/A %:

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

SOLE OWNER

Include with the application for a sole owner

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

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

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

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

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

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

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

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

Joanna Phatia
Original Signature, no stamps or copies

8/21/14
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: MARY ROSE I. ARRIOLA

License #: 15919

Pharmacy Name: TRINITY PHARMACY

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

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

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

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

Blank

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

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

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order or cashier's check only, no cash)

First: Gregory Middle: W Last: Greenwood Degree: DMD

Practice Name (if any): Dental Implant Institute

Nevada Address: 6170 W. Desert Inn Road

Suite #: _____

(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____

SS#: _____

City: LAS Vegas

State: NV.

Zip Code: 89146

E-mail address: _____

Nevada Work Telephone: _____

Date of Birth: _____

Nevada Fax: _____

Sex: ☒ M or ☐ F

Practitioner License Number: 5628

Specialty: GP

You must be licensed with your respective BOARD before we will process this application.

		Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...		<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 an 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 documentation:			
Board Administrative Action:	State		Case #:
Criminal Action:			

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.

Gregory W. Greenwood
Original Signature, no copies or stamps accepted.

9/16/14
Date

Board Use Only

Received: 10/1/14 Amount: \$80.00 Entity# _____

Nevada State Board of Dental Examiners



6010 S. Rainbow Blvd., Bldg. A, Ste. 1
Las Vegas, NV 89118
(702) 486-7044
FAX (702) 486-7046

5628

2014 - 2015 Dentist License

License Amount Paid

Date Paid: 2014 - 2015

Please remove your card and read both front and back carefully
Notify the Nevada State Board of Dental Examiners of incorrect
information (702) 486-7044 or FAX (702) 486-7046.

Nevada State Board of Dental Examiners

6010 S. Rainbow Blvd., Bldg. A, Ste. 1 • Las Vegas, NV 89118
(702) 486-7044 FAX (702) 486-7046

This is to certify that

Gregory W. Greenwood DMD
is entitled to practice as a Licensed Dentist

License Number 5628
Status: Active

Valid from August 1, 2014 through June 30, 2015

FAQ | Help | Sign O

VR Home	Entity	Application	License	Cash	Exam	Inspection	Enforcement	Report
---------	--------	-------------	---------	------	------	------------	-------------	--------

Complaint Search Update	Change Recording License Type	Delete Complaint	Mass Activity Update	Mass Discipline
Mass Status Update	Public Case Info			

Domain 1 - Nevada Dept

Logged in as: shuntin

VR Home > Case Search > Maintain Case

Lic Type	1007 - Pharmacist	Status	80 Closed	Status Date	03/29/2001
Complaint #	200000000000642	Case Type	Disposition	AAC All Actions Completed	Disposition Date 03/29/2001
Docket#	Respondent	GREENWOOD, GREGORY WALTER	Responsible		Public Case

Complaint	Respondent	Complainant	Add'l Info
Source	STFF - Board Staff	Security Level	1
Form	STND - Standard	Priority	1
Class'n		Complexity	
Security	NORM - Normal	Incident	
Region		Received	03/29/2001
Reference	00-069-RPH-S		
Entered	03/29/2001	Entered By	
Summary	<p>Created fraudulent records of controlled substance and dangerous drug prescriptions, refilled prescriptions without authorization from a physician and refilled prescriptions early for a specific patient. Probation for two years from 2/9/2001, not practice as a managing pharmacist during this time, fine of \$3000, cost and admin fees of \$590. SUSPENDED license after notice from Walgreens of arrest on 6 felony charges. Scheduled for June hearing.</p>		
Updated	08/26/2008 10:44:38	By	jwalter

☐ Parties
☐ Allegations
☐ Violations
☐ Related
☐ Inspection
☐ Costs
☐ Time Tracking
☐ Attachments
☐ Work Notes

☐ Activities
☒ Discipline
☐ Compliance
☒ Disposition
☐ Auto Assign
☐ History
☐ Print Report

Change

Save

OK

Cancel

Back

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VR Home	Entity	Application	License	Cash	Exam	Inspection	Enforcement	Report
-------------------------	------------------------	-----------------------------	-------------------------	----------------------	----------------------	----------------------------	-----------------------------	------------------------

Complaint Search Update	Change Recording License Type	Delete Complaint	Mass Activity Update	Mass Discipline
Mass Status Update	Public Case Info			

Domain **1 - Nevada Dept**Logged in as: **shuntin**[VR Home](#) > [Case Search](#) > **Maintain Case**

Lic Type	1007 - Pharmacist	Status	80 Closed	Status Date	08/27/2001
Complaint #	200100000000643	Case Type		Disposition	AAC All Actions Completed
				Disposition Date	03/20/2002
Docket#	Respondent	GREENWOOD, GREGORY WALTER	Responsible		Public Case

Complaint	Respondent	Complainant	Add'l Info
Source	STFF - Board Staff	Security Level	1
Form	STND - Standard	Priority	1
Class'n		Complexity	
Security	NORM - Normal	Incident	
Region		Received	08/27/2001
Reference	01-040-RPH-S		
Entered	08/27/2001	Entered By	
Summary	Impaired pharmacist. Suspended for one year, may request suspension lifted in 6 months (2/23/02). After suspension lifted, PRN-PRN 5 years, no managing pharmacist privilege while on probation. Reinstated 3/7/02, Order signed 3/20/02.		
Updated	08/28/2008 16:02:40	By	jwalter

<input type="checkbox"/> Parties	<input type="checkbox"/> Activities
<input checked="" type="checkbox"/> Allegations	<input checked="" type="checkbox"/> Discipline
<input type="checkbox"/> Violations	<input type="checkbox"/> Compliance
<input checked="" type="checkbox"/> Related	<input checked="" type="checkbox"/> Disposition
<input type="checkbox"/> Inspection	
<input type="checkbox"/> Costs	
<input type="checkbox"/> Time Tracking	<input type="checkbox"/> Auto Assign
<input type="checkbox"/> Attachments	<input type="checkbox"/> History
<input type="checkbox"/> Work Notes	<input type="checkbox"/> Print Report

[Change](#)[Save](#)[OK](#)[Cancel](#)[Back](#)[Get Adobe Reader](#)

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Amanda Middle: L Last: ElamHome Address: 2579 paradise village way Apt #: _____City: Las Vegas State: NV Zip Code: 89120

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: TUCUMCARI N.M Sex: ☐ M or ☒ F

E-mail Address: _____

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate box and include the **required** documentation.

- ☐ Copy of registration or on-line verification from state in which you are currently registered as a pharmaceutical technician.
- ☐ Copy of a certificate from an ASHP approved pharmacy technician school.
- ☐ Non ASHP approved school and PTCB or ICPT.

A licensee is not personally required to have a Nevada State Business License, however, if you have one, please provide the number: _____

1. Are you 18 years of age or older? Yes ☒ No ☐2. Are you a high school graduate or the equivalent? Yes ☒ No ☐**(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)**

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State: <u>NM</u>	Date: <u>9/3/2013</u>	Case #: <u>I surrendered license</u>
Criminal Action:	State: <u>NM</u>	Date: <u>4/30/2013</u>	Case #: <u>M59MR201300293</u>
		County: <u>Valencia</u>	Court: <u>Magistrate</u>

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

- Are you the subject of a court order for the support of a child?..... Yes ☒ No ☐
- If you marked YES to the question, above are you in compliance with the court order?..... Yes ☒ No ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PT 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.

Original Signature, no copies or stamps accepted

Date

Board Use Only: Date Processed:

Amount:

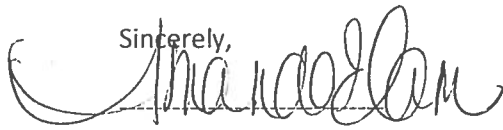
71322

To members of the Nevada Board of Pharmacy,
8/18/14

I am typing this letter to explain the details of a disciplinary action that was held against me in April of 2013. I had been a certified pharmacy technician at Wal-mart Pharmacy in Los Lunas NM for approximately 7 years. While employed at Wal-mart I had 2 major foot surgeries on my right foot, due to severe pain from bone spurs. The last surgery took place in June of 2012. During the months before and after the surgery, I had been prescribed hydrocodone for the pain. All though the final surgery had finally been a success, I had become addicted to the pain medication. The last month of 2012 my Dr. had taken me completely off the pain medication and I was no longer able to get them as a prescription. I started taking pills from the pharmacy at Wal-mart because I had become an addict. I did this for about the first 2 months of 2013. I then realized what I had become and how extremely wrong my actions were. During this same time I went through a horrible break up with the father of my children. I made him aware of what I had been doing at work and told him I knew I needed help. Once we split up he called my boss at Wal-mart, by the name of George Moya and told him what I had been doing. I had then became under an extensive investigation by the asset protection department at Wal-mart. The videos from the pharmacy were reviewed from the previous months. I was called into the office on April 30th 2013 for questioning. When questioned I broke down and wrote a full confession never once denying my actions. I was fired the same day and was told I was facing charges of possession of a controlled substance, and embezzlement, more than \$250.00, but not more than \$500.00. I appeared in court the first week of June 2013. I was then ordered by a judge to attend an eight hour class about embezzlement and making better choices. I attended the class here in Las Vegas NV and sent the certificate to the courts in NM, and all charges were dismissed. I have since lost my home in Albuquerque NM as I was no longer able to afford the payments. The father of my children has also taken me to court and was rewarded full custody of our 2 young children because of my actions and poor decision making. I have since attended several counseling sessions and I have

taken full responsibility of my actions. I also fully understand the severity of what I have done and have gotten my life back on track. I really hope you allow me to be given the opportunity once again to become a certified pharmacy technician. Pharmacy is something I really enjoyed in every aspect. I know what I have done not only destroyed and affected my life, but also the lives of all those around me. There is no excuse for my actions and I take full responsibility for what I have done. I am willing to do whatever it takes to be given a second chance at a career that means so much to me. I also willingly surrendered my pharmacy license in NM in hopes that one day I will be given the chance to gain my title back. Thank you so much for your time, and I look forward to hearing back from you. I also thank you for even giving me this opportunity to plea my case.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amanda Elam', written over a horizontal dashed line.

Amanda Elam

Licensee Details**Demographic Information**

Title:	First: Amanda	Middle: L	Last: Elam* Suffix:
DOB:	SSN: Gender: genderF	POB:	
Citizenship Status:		Ethnicity:	Home State:
Name: Amanda L Elam*		Owner:	
FEIN:		MID #:	Type:

Address Information**License Information**

DBA: Amanda Elam				
Lic #: PT00004185	Profession: Pharmacy	Type: Pharmacy Technician	Secondary:	
Status: Surrendered	Issued: 5/24/2006	Expiry: 8/27/2013	Effective: 5/24/2006	
Reason: Disciplinary Action	Date: 9/3/2013	Renewed: 1/20/2012	Deg. Suff:	
Method: Application	State:	Country:	LOA Issue:	
Appealed:	Result:	Effective:	LOA Expiry:	

Cyclical Reports

No Cyclical Reports

Cyclical Report Summary

No Reports

Prerequisite Information

No Prerequisite Information

Inspection Information

No Inspections

Education Information

No Education Information

Employment Information

No Employment Information

Specialty Information

No Specialty Information

Violation Information

No Violation Information

Discipline Information

No Discipline Information

Limits/Restriction Information

No Limits/Restriction Information

License Bond Information

No License Bond Information

License CSR Information

No License CSR Information

Respondent License Information

No Respondent License Information

CheckList Information

No CheckList Information

Doing Business As

Alias: Amanda Elam

Aliases

Alias: MANDY L WATTS

Alias: Amanda L Elam

Related Documents

No Related Documents

Documentum**CE Courses**

Course	Title	Credit Hours	Category	Date Completed	
CE Status					
Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required
Prior Cycle CE Courses					
Course	Title	Credit Hours	Category	Date Completed	
Prior CE Cycle Status					
Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required

Licensee Details

Demographic Information

Title:	First: Amanda	Middle: L	Last: Elam*	Suffix:
DOB:	SSN: Gender: genderF	POB:		
Citizenship Status:		Ethnicity:	Home State:	
Name: Amanda L Elam*		Owner:		
FEIN:		MID #:	Type:	

Address Information

License Information

DBA: Amanda Elam				
Lic #: PT00004185	Profession: Pharmacy	Type: Pharmacy Technician	Secondary:	
Status: Surrendered	Issued: 5/24/2006	Expiry: 8/27/2013	Effective: 5/24/2006	
Reason: Disciplinary Action	Date: 9/3/2013	Renewed: 1/20/2012	Deg. Suff:	
Method: Application	State:	Country:	LOA Issue:	
Appealed:	Result:	Effective:	LOA Expiry:	

Cyclical Reports

No Cyclical Reports

Cyclical Report Summary

No Reports

Prerequisite Information

No Prerequisite Information

Inspection Information

No Inspections

Education Information

No Education Information

Employment Information

No Employment Information

Specialty Information

No Specialty Information

Violation Information

No Violation Information

Discipline Information

No Discipline Information

Limits/Restriction Information

No Limits/Restriction Information

License Bond Information

No License Bond Information

License CSR Information

No License CSR Information

Respondent License Information

No Respondent License Information

CheckList Information

No CheckList Information

Doing Business As

Alias: Amanda Elam

Aliases

Alias: MANDY L WATTS

Alias: Amanda L Elam

Related Documents

No Related Documents

Documentum**CE Courses**

Course	Title	Credit Hours	Category	Date Completed
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CE Status

Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required
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Prior Cycle CE Courses

Course	Title	Credit Hours	Category	Date Completed
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Prior CE Cycle Status

Category	Credits Taken	Credits Carried Over	Credit Total	Max Usable	Credits Required
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New Mexico Courts

Case Lookup

[Exit](#)
[Name Search](#)
[Case Number Search](#)
[DWI Search](#)
[Case Detail](#)

State of New Mexico v. Amanda Elam

CASE DETAIL			
CASE NUMBER	CURRENT JUDGE	FILING DATE	COURT
M-59-MR-201300293	Sanchez, John W.	05/02/2013	LOS LUNAS MAGISTRATE

PARTIES TO THIS CASE			
PARTY TYPE	PARTY DESCRIPTION	PARTY #	PARTY NAME
D	Defendant	1	ELAM AMANDA
		ATTORNEY: MERCER CINDY M.	
OF	Officer	1	FLOREANI ANTHONY OFC
P	Plaintiff	1	STATE OF NEW MEXICO

CRIMINAL CHARGE DETAIL										
PARTY	COUNT	SEQ #	STATUTE	CHARGE	CLASS	CHARGE DATE	CIT #	PLEA	DISPOSITION	DISP DATE
D 1	1	3	30-16-08	Embezzlement (Over \$250 but not more than \$500)	M	04/30/2013		Not Guilty	Dismissed by Prosecutor / Nolle Prosequi	01/21/2014
D 1	2	3	30-31-23	Possession of a Controlled Substance (Misdemeanor)	M	04/30/2013		Not Guilty	Dismissed by Prosecutor / Nolle Prosequi	01/21/2014

HEARINGS FOR THIS CASE					
HEARING DATE	HEARING TIME	HEARING TYPE	HEARING JUDGE	COURT	COURT ROOM
01/21/2014	1:00 PM	Non Jury Trial	Garcia, Tina R.	LOS LUNAS MAGISTRATE COURT	Courtroom 2
07/16/2013	1:00 PM	Non Jury Trial	Garcia, Tina R.	LOS LUNAS MAGISTRATE COURT	Courtroom 2
06/04/2013	9:00 AM	Arraignment	Sanchez, John W.	LOS LUNAS MAGISTRATE COURT	Courtroom 1

REGISTER OF ACTIONS ACTIVITY					
			EVENT	PARTY	PARTY

EVENT DATE	EVENT DESCRIPTION	RESULT	TYPE	#	AMOUNT
01/21/2014	CLS: DISMISSED				
01/21/2014	NTC: Notice of Dismissal				
06/04/2013	ADVISEMENT OF RIGHTS READ		D	1	
05/02/2013	OPN: CRIMINAL COMPLAINT FILED				

JUDGE ASSIGNMENT HISTORY			
ASSIGNMENT DATE	JUDGE NAME	SEQUENCE #	ASSIGNMENT EVENT DESCRIPTION
05/02/2013	Sanchez, John W.	1	INITIAL ASSIGNMENT

[Return](#)[Print](#)

Blank

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ~ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Valerie Middle: Kay Last: JensenHome Address: 1290 W. Horizon Ridge Pkwy Apt #: 2822City: Henderson State: NV Zip Code: 89012

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Phoenix, Arizona Sex: ☐ M or ☒ F

E-mail Address: _____

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: N/A**I am requesting registration at the following pharmacy:**Pharmacy: SMITH'S FOOD & DRUG PHARMACY Store #: 394Address: 9750 S. MARYLAND PKWYCity: LAS VEGAS State: NV Zip Code: 89183Signature of Managing Pharmacist: Scott M. Hunsley Lic #: 16023 Date: 9-15-2014

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. 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 (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:		State	Date:	Case #:	
			/ /		
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒IF you marked YES to the question, above are you in compliance with the court order?..... Yes ☐ No ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT 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.

Original Signature, no copies or stamps accepted

Date

Board Use Only Date Processed:

Amount:

9/25/14\$40.00Sept. 16, 2014

73223



NEVADA STATE BOARD OF PHARMACY
OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1444

September 30, 2014

VIA CERTIFIED U.S. MAIL AND EMAIL

Valerie Kay Jensen
1290 W. Horizon Ridge Pkwy, Apt. #2822
Henderson, NV 89012
vw5150@msn.com

Re: **CEASE AND DESIST ORDER and CITATION: Unlawful Practice of
Pharmacy**

Dear Ms. Jensen:

The Nevada State Board of Pharmacy ("Board") has evidence showing that you worked as an unregistered pharmaceutical technician in training at one or more Nevada-licensed pharmacies from February 8, 2014, to August 12, 2014. Based on records from the pharmacy in which you worked, Smith's Pharmacy #394 located at 9750 S. Maryland Parkway, Las Vegas, Nevada, the Board determined that you worked 150 days without a valid registration. As you may know, it is unlawful for anyone who is not properly registered with this Board to sell or dispense any prescription drug in this state. *See* NRS 639.100. By working as a pharmaceutical technician in training without a valid registration, you violated Nevada law.

I am writing, first, to order you to CEASE and DESIST to work in any Nevada-licensed pharmacy in any capacity that requires a valid registration, including as a pharmaceutical technician in training. You may not return to work until you have obtained a valid Nevada registration. I understand that you are already complying with this demand.

Secondly, this letter shall serve as a CITATION pursuant to NRS 639.2895(2), citing you for the unauthorized practice of pharmacy. For the violations stated above, the Board is assessing you an administrative fine of three thousand dollars (\$3,000.00) in association with this citation, which is well within the fine of \$100.00 per day allowable under Nevada law. *See* NAC 639.955. You shall pay this administrative fine within 90 days of receipt of this citation, or alternatively, you may contact the Board to work out an alternative payment plan, if needed. Payment must be by *cashier's check, certified check* or *money order* made payable to the Nevada State Board of Pharmacy. Send all payments to the Board's Reno office, located at 431 W. Plumb Lane, Reno, NV 89509.

You have the right to appeal this citation. *See* NRS 639.2895(2). If you choose to appeal, you must submit a written request for a hearing to the Board not later than 30 days after receipt of this citation.

Please be aware that the forgoing Order and Citation do not take the place of a hearing before the Board to determine whether the Board will grant you a registration. A hearing on your application for a pharmaceutical technician in training registration is scheduled to occur on Wednesday, October 15, 2014, at the Board's regularly scheduled meeting in Las Vegas, Nevada. The hearing will be held at 1:30 pm in the first floor conference room at the Hilton Garden Inn, 7830 S. Las Vegas Boulevard, Las Vegas, NV.

Feel free to contact me if you have questions.

Best regards,



S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

Cc: Larry Pinson, Executive Secretary of the Nevada Board of Pharmacy

Blank

Blu PHARMACEUTICALS

301 Robey Street • Franklin, Kentucky 42134
Phone: 270-586-6386 • Fax 270-586-6389 • Toll Free: 1-877-264-0BLU

September 12, 2014

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



**RE: Request to Decrease Bond Amount
Blu Pharmaceuticals, LLC License # WH01548**

To whom it may concern,

We would like to request a Surety Bond Reduction for our wholesale license with Nevada State Board of Pharmacy. We have been a Nevada license holder with a \$100,000 surety bond since 2009 and have had no disciplinary during this time.

If you have questions or need more information please call me at (270) 586-6386 ext. 110.

Thank you,

Sharon B. Luster
Vice President

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

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

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

Application must be printed legibly or typed

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

- | | |
|--|--|
| <input type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH _____) | <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: BETTER VALUE PHARMACY

Physical Address: 1135 S Sunset Ave Suite 101; West Covina, CA 91790

Mailing Address: 1135 S Sunset Ave Suite 101; West Covina, CA 91790

City: West Covina State: CA Zip Code: 91790

Telephone: 626.960.4723 Fax: 626.813.7648

Toll Free Number: 800.425.0183 (Required per NAC 639.708)

E-mail: bettervaluex@gmail.com Website: www.bettervaluex.com

Managing Pharmacist: Hyun Joon Ro aka Eugene License Number: RPH 64426

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: _____ | <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 type="checkbox"/> <input checked="" type="checkbox"/> Mail Service
<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 checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile
Compounding **
<input type="checkbox"/> <input type="checkbox"/> Other Services: _____ |
|--|--|

Yes/No

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

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.


Within the last five (5) years:

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

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

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

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


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

HYUN JOON RO

Print Name of Authorized Person

8/11/14
Date

Board Use Only

Received:

9/2/14

Amount:

\$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: Pacific Healthcare Inc.

Corporation Name: Pacific Healthcare Inc. Better Value Pharmacy

Mailing Address: 1135 S Sunset Ave Suite 101; West Covina, CA 91790

City: West Covina State: CA Zip: 91790

Telephone: 626.960.4723 Fax: 626.813.7648

Contact Person: HYUN JOON RO

For any corporation non publicly traded, disclose the following:

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

a) HYUN JOON RO 2271 W Malvern Ave. #368, Fullerton, CA, 92833
Name Address

b) JANE HYUN 651 W Wedgewood LN., La Habra CA, 90631
Name Address

c) N/A
Name Address

d) N/A
Name Address

2) Provide the number of shares issued by the corporation. 10,000

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? AUGUST 20, 2010

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Bank

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: Boothwyn Pharmacy, Inc.

Physical Address: 2341 Chichester Ave

Mailing Address: 2341 Chichester Ave

City: Boothwyn State: PA Zip Code: 19061

Telephone: 610-485-1130 Fax: 610-485-9223

Toll Free Number: 800-476-7496 (Required per NAC 639.708)

E-mail: info@bpi-rx.com Website: www.boothwynpharmacy.com

Managing Pharmacist: Noel Boehm License Number: RP441052 (PA)

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

Louis Micolucci, RPh
Print Name of Authorized Person

9/8/14
Date

Page 2

Board Use Only

Date Processed: 10/1/14

Amount: \$ 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: PA
Parent Company if any: _____
Mailing Address: 2341 Chichester Ave
City: Boothwyn State: PA Zip: 19061
Telephone: 610-485-1130 Fax: 610-485-9223
Contact Person: Steve Gianelos or Lou Chiarelli

For any corporation non publicly traded, disclose the following:

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

a) Louis Micolucci, RPh
Name Address
b) _____
Name Address
c) _____
Name Address
d) _____
Name Address

- 2) Provide the number of shares issued by the corporation. 500
3) What was the price paid per share? \$1.00/sh
4) What date did the corporation actually receive the cash assets? 21 Oct 1994
5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 7 pm Saturday 9 am 4 pm
Sunday RPh on-call am _____ pm 24 Hours RPh on-call

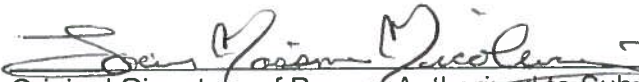
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

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

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

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


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

Louis Micolucci
Print Name of Authorized Person

9/8/14
Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us

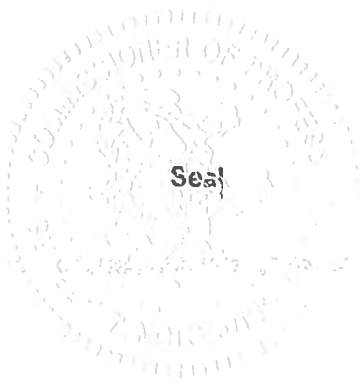
September 19, 2014

CERTIFICATION OF LICENSE

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME:	BOOTHWYN PHARMACY INC
LICENSE TYPE:	Pharmacy
LICENSE NUMBER:	PP410228L
ORIGINAL LICENSURE DATE:	09/29/1977
EXPIRATION DATE:	08/31/2015
STATUS:	Active

The attached documents describe the derogatory information.



Commissioner
Bureau of Professional and Occupational Affairs

1. Boothwyn Pharmacy Inc		MIDDLE NAME		LAST NAME		2. CASE NR.	
SEX 3 M		DOB		AGE 5		6. FAC / IND LIC. NR. PP410228L	
RESIDENCE ADDRESS		CITY-TWP-BORO-COUNTY		STATE		ZIP CODE	
7. 2341 Chichester Ave Boothwyn PA				PA		19061	
8. CHARGE Title 49 Pa Code 1st offense - over 1 year 27.14(b).							
9. DATE 5/10/2005		TIME 3		DAY Tues			
15. STATUTE OR REGULATION 49 Pa Code		14. FACILITY ADDRESS Boothwyn Pharmacy Inc					
#1. SEC. 27.14(b)		FINE \$500.00		2341 Chichester Ave		CITY-TWP-BORO-COUNTY STATE ZIP	
#2. SEC.		FINE		Boothwyn PA		19061	
#3. SEC.		FINE		SEND PAYMENT TO: PENNSYLVANIA DEPT. OF STATE ATTN: COMPLAINTS OFFICE - CITATIONS PO BOX 2649 HARRISBURG, PA 17105			
16. TOTAL DUE \$ 500.00		17. 19					
18. X RECEIPT OF CITATION IS ACKNOWLEDGED-SIGNATURE Mark Goudon LHR						DATE ISSUED/FILED 5/10/2005	
I VERIFY THAT THE FACTS SET FORTH IN THIS CITATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE OR INFORMATION AND BELIEF. THIS VERIFICATION IS MADE SUBJECT TO THE PENALTIES OF SECTION 4804 OF THE CRIMES CODE (18 PA C S § 4904 RELATING TO UNKNOWN FALSIFICATION TO AUTHORITIES INSP / INV SIGNATURE							
20. Charles Yerson		ID NR. DPS1		REGION Philadelphia		CODE	
23. REMARKS Found ten expired drugs on random limited inspection of active pharmacy stock. One bottle without lot, expiration date; Abilify 15mg.							
<p>READ THE REVERSE SIDE OF THIS CITATION FOR AN EXPLANATION OF YOUR RIGHTS AND OBLIGATIONS FOR SETTLEMENT OF THIS MATTER. YOU MUST ELECT AN OPTION AND FOLLOW THE APPROPRIATE DIRECTIONS WITHIN 10 DAYS TO AVOID FURTHER LEGAL ACTION AGAINST YOUR LICENSE.</p> <p>SHOULD YOU ELECT TO DEMAND A HEARING ON THIS MATTER, FOLLOW THE INSTRUCTIONS ON THE REVERSE. YOUR HEARING DATE WILL BE ON 7/12/2005 AT 9:00 A.M. <small>All hearings are held in the</small> Office of Hearing Examiners 2601 North 3rd Street Harrisburg, PA 17110</p>							

SPOA-302 (6/95)

06384

USE BALL POINT — PRINT & PRESS HARD

Date: May 26, 2005

Subject: ~~Act 48 Discipline~~
Lic. No. PP-410228-L
FEIN No. none provided
BOOTHWYN PHARMACY, INC.

To: Melanie Zimmerman, Executive Secretary
State Board of Pharmacy

From: Dianna McCommons, Legal Assistant
Complaints Office

On May 23, 2005, the Respondent pharmacy pled guilty to an Act 48 violation at 49 Pa. Code §27.14(b) - supplies - expired drugs over 1 year old. The pharmacy paid the \$500 fine.

MAY 27 2005

Blank

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: **PH02862**)
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: Downing Labs
Physical Address: 4001 McEwen Road, Ste 110, Dallas, TX 75244
Mailing Address: 4001 McEwen Road, Ste 110
City: Dallas State: TX Zip Code: 75244-5020
Telephone: 214-347-4008 Fax: 888-839-0241
Toll Free Number: 800-914-7435 (Required per NAC 639.708)
E-mail: KKubosh@downinglabs.com Website: www.downinglabs.com
Managing Pharmacist: Kristi Kubosh License Number: 48761

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.

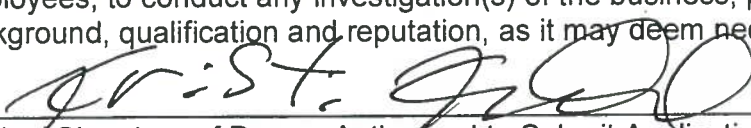
Within the last five (5) years:

- 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

Kristi Kubash
Print Name of Authorized Person

9/16/14
Date

Page 2

Board Use Only

Date Processed: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited X

Partnership Name: Downing Labs, LLC

Mailing Address: 4001 MCEwen Rd., Ste 110

City: Dallas State: TX Zip Code: 75244-5020

Telephone Number: 214-347-4008 Fax Number: 888-839-0241

Contact Person: Kristi Kubosh

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>Christopher Van Downing</u>	<u>L</u>	<u>50%</u>
<u>Ashley Michelle Downing</u>	<u>L</u>	<u>50%</u>

List names of 4 largest partners and percentage of ownership: N/A

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership. N/A

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:00 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Kristi Kubosh
Responsible Person of Downing Labs

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

Pharmacist in Charge
Print Name of Authorized Person

9/16/14
Date



TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.
President
Waco

Dennis F. Wiesner, R.Ph.
Vice President
Austin

Buford T. Abeldt, Sr., R.Ph.
Treasurer
Lufkin

Christopher M. Dembny, R.Ph.
Richardson

W. Benjamin Fry, R.Ph.
San Benito

L. Suzan Kedron
Dallas

Alice G. Mendoza, R.Ph.
Kingsville

Bradley A. Miller, Ph.T.R.
Austin

Phyllis A. Stine
Abilene

Joyce A. Tipton, R.Ph.
Houston

Charles F. Wetherbee
Boerne

Gay Dodson, R.Ph.
Executive Director/Secretary
Austin

Re: Downing Labs

Address: 4001 McEwen Road, Suite 110
Dallas, Texas 75244

License No.: 29313

Date Issued: June 25, 2014

Licensure Status: Active

Expiration Date: June 30, 2016

Type of Pharmacy: Community Sterile Compounding

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Downing Labs (Texas Pharmacy License #29313) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:


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

September 10, 2014
Date



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

Blank

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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: ENTIRELYPETS PHARMACY LLC.

Physical Address: 34671 SEVENTH ST.

Mailing Address: 34571 SEVENTH ST.

City: UNION CITY State: CA Zip Code: 94587

Telephone: 650-796-4411 Fax: 800-878-4557

Toll Free Number: 800-738-7209 (Required per NAC 639.708)

E-mail: PHARMACIST@entirelypetspharmacy.com Website: www.entirelypetspharmacy.com

Managing Pharmacist: RASHMI SHINGARI License Number: 50133

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds ____)
☒ ☐ Internet
☐ ☒ Nuclear
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Mail order 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,**

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? *Sec Attached A* 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.

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

Ritu K Ghuman
Print Name of Authorized Person

7-28-14
Date

Page 2

Board Use Only

Date Processed: *10/1/14*

Amount: *500 -*

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General ☐

Limited ☒

Partnership Name: Entirely Pets Pharmacy LLC

Mailing Address: 34571 7th St.

City: Union City State: CA Zip Code: 94587

Telephone Number: 800-738-7209 Fax Number: 800-878-4557

Contact Person: Ritu Ghuman

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>Ritu Ghuman</u>	<u>L</u>	<u>90.1%</u>
<u>Healthy Pets Inc</u>	<u>L</u>	<u>9.9%</u>

List names of 4 largest partners and percentage of ownership:

Name: <u>Ritu Ghuman</u>	%: <u>90.1%</u>
Name: <u>Mandeep Ghuman</u>	%: <u>9.9%</u>
Name: _____	%: _____
Name: _____	%: _____

List any physician shareholders and percentage of ownership.

Name: _____	%: _____
Name: <u>N/A</u>	%: _____
Name: _____	%: _____

Hours of Operation for the pharmacy:

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

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Ritu Ghymman
Responsible Person of Entirelypets 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.

Ritu K. Ghymman
Original Signature of Person Authorized to Submit Application, no copies or stamps

Ritu K. Ghymman
Print Name of Authorized Person

7-28-14
Date



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

June 30, 2014

ENTIRELYPETS PHARMACY
34571 SEVENTH ST
UNION CITY CA 94587

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: ENTIRELYPETS PHARMACY

License Type: PHARMACY

License Number: PHY 50832

Status: ACTIVE/PROBATION

Issue Date: 12/19/12

Expiration Date: 12/01/14

Address of Record: 34571 SEVENTH ST UNION CITY CA 94587

Disciplinary Action: YES, SEE THE ATTACHED COPY OF CASE 4294

Virginia Herold
Executive Officer

By

A handwritten signature in black ink, reading "Barbera Schleicher", written over a large, stylized loop.

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

**PARSONS
BEHLE &
LATIMER**

201 South Main Street, Suite 1800
Salt Lake City, Utah 84111
Main 801.532.1234
Fax 801.536.6111
parsonsbehle.com

A Professional
Law Corporation

William J. Stilling
Attorney at Law
Direct 801.536.6765
BStilling@parsonsbehle.com

September 19, 2014

VIA FEDEX

Larry Pinson
Executive Director
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

**Re: Application for Nevada Out-of-State License
EntirelyPets, LLC**

Dear Larry:

Enclosed is an application for a Nevada Out-of-State License for EntirelyPets Pharmacy, LLC ("EntirelyPets"). Because EntirelyPets has the cashier's check and I have the original documents, EntirelyPets will be sending the \$500 registration fee for delivery to the Board of Pharmacy on Monday September 22, the same day this application is scheduled to be at the Board's office. EntirelyPets requests that its application be considered at the October 15 Nevada Board of Pharmacy meeting.

EntirelyPets is a closed-door, mail order pharmacy that compounds and dispenses medications for veterinary use. EntirelyPets does not receive, store, compound with, or otherwise use controlled substances. EntirelyPets is located in California and is licensed in 21 states. A list of those states is attached to this letter at Exhibit 7. In 2010 and 2011, the California Board of Pharmacy issued four citations, which EntirelyPets appealed. EntirelyPets and the California Board reached a settlement in those cases. Those citations and the California Board Settlement are attached as Exhibit 1B behind the more detailed explanation of the "yes" answer to question 3 of the application questionnaire. I have attached the latest monthly inspection report Jim Bateman, an independent consultant who reports monthly to the California Board on EntirelyPets' compliance with all applicable laws, as Exhibit 1C.

I spoke with Paul Edwards briefly about this application when I was in Reno for the Board meeting. In light of the circumstances described above, Paul explained the Board will likely want to have someone from the pharmacy appear at the Board meeting. If this is necessary, let us know and we will make the PIC available at the Board meeting.

Larry Pinson
September 19, 2014
Page Two

For the Board staff's convenience, an index of the enclosed materials appears on the next page.

Exhibit Number	Description
1	Out-of-State Application (including) <ul style="list-style-type: none">• General Information• Questionnaire• Ownership• Statement of Responsibility for Pharmacies Located Outside of Nevada• Affidavit for Out-of-State Pharmacy License)
1A	Explanation for "Yes" Answer to Question #3 with documents from California
1B	California Board of Pharmacy Decision and Order in Case No. 4294 and Stipulated Settlement and Disciplinary Order
1C	Copy of Recent Inspection Report from Independent Consultant (June 30, 2014)
2	Certificate of Corporate Status
3	Letter of Good Standing (California State Board of Pharmacy License Verification)
4	Copy of Current Registration (California Retail Pharmacy Permit)
5	Copy of Recent Inspection (May 6, 2014)
6	Internet Addendum
7	List of States in which EntirelyPets is Licensed

If there are any questions, please contact me at the number or e-mail address indicated above or Jimmy Quita, Director of Business Development for Healthypets, Inc. at (800) 306-7910.

Sincerely,

PARSONS BEHLE & LATIMER



William J. Stilling

WJS:dv
Enclosures

cc: Paul Edwards (w/o attachments) by e-mail

Exhibit 1A
EntirelyPets Pharmacy Nevada License Application
Explanation of “Yes” Answer to Question 3

The California Board of Pharmacy and EntirelyPets Pharmacy entered into a Stipulated Settlement and Disciplinary Order, effective on June 20, 2012. A copy of that Settlement is attached as Exhibit B. EntirelyPets appealed the citations and negotiated with the California Board of Pharmacy. Those negotiations led to the Settlement, which imposes probation for five years. See Settlement at p. 5 line 12. The Settlement resolved all issues in four citations issued by the California Board of Pharmacy in 2010 and 2011. See Settlement at p. 4 line 4.

In addition to agreeing to pay substantial fines, EntirelyPets agreed to other terms that should assure the Nevada Board of Pharmacy that EntirelyPets is in compliance with all laws and regulations and that EntirelyPets can safely provide compounded medications to veterinary patients in Nevada. Those other terms include obligations to:

- Obey all laws and to report any civil or criminal final actions against EntirelyPets within 72 hours;
- Engage a consultant who is responsible for reviewing EntirelyPets pharmacy operations monthly for compliance with all laws and regulations governing the practice of pharmacy;
- Meet regularly with the California Board of Pharmacy;
- Report in writing to the California Board of Pharmacy that EntirelyPets is in compliance with all terms of the Settlement;
- Cooperate with California Board staff and inspection program; and
- Notify all employees in writing of the terms of the Settlement.

Settlement at pp. 7 - 11. Furthermore, after evaluating the Settlement and EntirelyPets subsequent behavior, some twenty states have granted EntirelyPets a license to practice pharmacy. A list of those states and license numbers is attached as Exhibit 7 to the application.

EntirelyPets continues to be in full compliance with the terms of the Settlement. A copy of the latest monthly inspection report of Jim Bateman is attached as Exhibit C. Mr. Bateman is the independent consultant who reports monthly to the California Board on EntirelyPets' compliance with all applicable laws in accordance with the requirement of the Settlement at p. 7 lines 13-21. A copy of EntirelyPets' California State Board Pharmacy License Verification (dated June 30, 2014) and Retail Pharmacy Permit (valid until December 1, 2014) are attached as Exhibits 3 and 4 to its application.

**BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Statement of Issues
Against:

Case No. 4294

ENTIRELYPETS PHARMACY

Applicant for Community Pharmacy License

Respondent.

DECISION AND ORDER

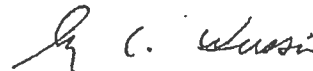
The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on October 22, 2012.

It is so ORDERED on September 21, 2012.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By



STANLEY C. WEISSER
Board President

1 KAMALA D. HARRIS
Attorney General of California
2 FRANK H. PACOE
Supervising Deputy Attorney General
3 JOSHUA A. ROOM
Deputy Attorney General
4 State Bar No. 214663
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-1299
6 Facsimile: (415) 703-5480
Attorneys for Complainant

7
8 **BEFORE THE**
BOARD OF PHARMACY
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Statement of Issues Against:

Case No. 4294

11 **ENTIRELYPETS PHARMACY**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

12 **Applicant for Community Pharmacy License**

13
14 **Respondent.**

15 In the interest of a prompt and speedy settlement of this matter, consistent with the public
16 interest and the responsibility of the Board of Pharmacy, Department of Consumer Affairs, the
17 parties hereby agree to the following Stipulated Settlement and Disciplinary Order that is to be
18 submitted to the Board for approval and adoption in final disposition of the Statement of Issues.
19

20 **PARTIES**

21 1. Virginia Herold (Complainant), Executive Officer of the Board of Pharmacy, brought
22 this action solely in her official capacity and is represented in this matter by Kamala D. Harris,
23 Attorney General of the State of California, by Joshua A. Room, Deputy Attorney General.

24 2. EntirelyPets Pharmacy (Respondent) is represented in this proceeding by attorney
25 Noah E. Jussim, whose address is: McGuireWoods LLP, 1800 Century Park East, 8th Floor, Los
26 Angeles, CA 90067 (telephone (310) 315-8225).

27 ///

28 ///

APPLICATION AND CITATIONS

3. On or about October 21, 2011, the Board of Pharmacy received a Community Pharmacy Permit Application from EntirelyPets Pharmacy, listing its parent entity as EntirelyPets Pharmacy, LLC, owned 90.1% by Ritu Ghumman and 9.9% by HealthyPets, Inc. (Respondent). HealthyPets, Inc. is in turn owned 50% by Ritu Ghumman and 50% by Mandeep Ghumman.¹ On or about October 14, 2011, Ritu Ghumman and Mandeep Ghumman, as owner(s) and officer(s), signed a certification under penalty of perjury as to the truthfulness of all statements, answers, and representations in the Application. The Board denied the application on January 18, 2012.

4. Respondent and its affiliated entities have also received and/or been the subject(s) of four (4) citations and fines issued by the Board. All have appeals pending. These include:

a. Citation No. CI 2009 41054, dated November 18, 2010, with \$5,000.00 fine, alleging violations of Business and Professions Code section(s) 4110 and/or 4112 (conducting a pharmacy/nonresident pharmacy without a license), 4076 and/or 4077 (dispensing in inadequately labeled container(s)), and California Code of Regulations, title 16, section 1716 (deviating from a written prescription). Respondent has appealed this Citation.

b. Citation No. CI 2009 42223, dated November 22, 2010, with a \$55,000.00 fine, alleging violations of Business and Professions Code section(s) 4110 and/or 4112 (conducting a pharmacy/nonresident pharmacy without a license), 4067 and/or California Code of Regulations, title 16, section 1761 (dispensing/furnishing Internet prescriptions issued without a good faith prior examination, with significant error, omission, irregularity, uncertainty, ambiguity or alteration, and/or not for a legitimate medical purpose). Respondent has appealed this Citation.

c. Citation No. CI 2011 49563, dated December 7, 2011, with a \$5,000.00 fine, alleging violations of Business and Professions Code section(s) 4160 and/or 4161 (conducting a wholesaler/nonresident wholesaler without a license). Respondent has appealed this Citation.

///

¹ Both Ritu Ghumman and Mandeep Ghumman are Doctors of Veterinary Medicine, and both are licensed by the California Veterinary Medical Board. License No. 14261, issued to Dr. Ritu Ghumman, is in inactive status, and she may not practice veterinary medicine at this time. License No. 12996, issued to Dr. Mandeep Ghumman, is active and unrestricted at this time.

d. Citation No. CI 2011 49569, dated December 7, 2011, with a \$5,000.00 fine, alleging violations of Business and Professions Code section(s) 4160 and/or 4161 (conducting a wholesaler/nonresident wholesaler without a license). Respondent has appealed this Citation.

This Stipulated Settlement and Disciplinary Order is also intended to serve as a settlement of all pending appeals and other matters pertaining to the above-listed citations and fines.

JURISDICTION

4. Statement of Issues No. 4294 was filed before the Board of Pharmacy (Board), and is currently pending against Respondent. The Statement of Issues and all other statutorily required documents were properly served on Respondent on May 31, 2012. A copy of Statement of Issues No. 4294 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Statement of Issues No. 4294, and in each of the above-listed citations. Respondent has also carefully read, fully discussed with counsel, and understands the effects of, this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of its legal rights in this matter, including the right to a hearing on the charges and allegations in the Statement of Issues or in any pending citations; the right to be represented by counsel at its own expense; the right to confront and cross-examine the witnesses against them; the right to present evidence and to testify on its own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

8. Respondent further withdraws any notices of appeal or other requests for hearing on the above-listed citations, and agrees that those citations will now be final as issued.

1 CULPABILITY

2 9. Respondent, by its authorized representative, admits the truth of each and every
3 charge and allegation in Statement of Issues No. 4294. Respondent further agrees that its
4 Community Pharmacy Permit Application is subject to denial, and agrees to be bound by the
5 Board of Pharmacy (Board)'s probationary terms as set forth in the Disciplinary Order below.
6

7 RESERVATION

8 10. Admissions made by Respondent herein are only for the purposes of this proceeding,
9 or any other proceedings in which the Board of Pharmacy or other professional licensing agency
10 is involved, and shall not be admissible in any other criminal or civil proceeding.
11

12 CONTINGENCY

13 11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent
14 understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may
15 communicate directly with the Board regarding this stipulation and settlement, without notice to
16 or participation by Respondent or its counsel. By signing the stipulation, Respondent understands
17 and agrees that they may not withdraw its agreement or seek to rescind the stipulation prior to the
18 time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its
19 Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or
20 effect, except for this paragraph, it shall be inadmissible in any legal action between the parties,
21 and the Board shall not be disqualified from further action by having considered this matter.

22 12. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an
23 integrated writing representing the complete, final, and exclusive embodiment of their agreement
24 with regard to the Statement of Issues and the above-listed citations. As to those matters, this
25 written agreement supersedes any and all prior or contemporaneous agreements, understandings,
26 discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and
27 Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed
28 except by a writing executed by an authorized representative of each of the parties.

13. The parties understand and agree that facsimile copies of this stipulation, including facsimile signatures thereto, shall have the same force and effect as the originals.

14. In consideration of the foregoing, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that, upon satisfaction of statutory and regulatory requirements for issuance thereof, including but not limited to submission of documentation demonstrating the compliance of its ownership structure(s) with Business and Professions Code section 4111 as specified below, a Pharmacy License shall be issued by the Board of Pharmacy to EntirelyPets Pharmacy (Respondent), and immediately revoked. Revocation is stayed and the license is placed on probation for five (5) years on the terms and conditions detailed below.

1. Compliance with Business and Professions Code section 4111

Prior to issuance of the license, and as a condition precedent to issuance of the license and commencement of the period of probation, Respondent shall gather or prepare, and submit to the Board, documentation demonstrating that its ownership does not violate Business and Professions Code section 4111, i.e., that no person or persons authorized to prescribe or write a prescription in California: is a sole or controlling owner of Respondent; shares a community or other financial interest in a sole or controlling ownership of Respondent; controls or owns a 10 percent or greater share of a corporation or other entity that is a sole or controlling owner of Respondent; or shares a community or other financial interest in a greater than 10 percent share of a corporation or other entity that is a sole or controlling owner of Respondent. Respondent shall submit such materials and documentation as are requested by the Board or its designee, and the Board or its designee shall have sole discretion to determine whether satisfactory documentation has been submitted. The documentation shall include, at least, affidavits signed under penalty of perjury by all owners and officers of Respondent or Respondent's owners or parent entities, stating that he or she: (a) is not now authorized to prescribe in California, and/or (b) does not have an ownership share, either directly or through community or other shared interest, sufficient to trigger section 4111.

1 All such affidavits shall be supported by documentation demonstrating the accuracy of the
2 statements made therein. The Board or its designee may require additional documentation.

3 At no point during its licensure by the Board, including after the expiration of the period of
4 probation, may Respondent's ownership violate this ownership limitation.² Pursuant to Business
5 and Professions Code section 4111, subdivision (c), the Board or its designee may require any
6 information that it deems reasonably necessary for the enforcement of this section, including but
7 not limited to supplemental affidavits and documentation required at each renewal.

8 2. Civil Penalty

9 Respondent shall pay to the Board a civil penalty of \$50,000.00. Payments shall be made
10 as follows: Prior to issuance of the license, and as a condition precedent to issuance of the license
11 and commencement of the period of probation, Respondent shall make a payment of \$5,000.00.
12 Thereafter, once probation commences, Respondent shall make sixteen (16) quarterly payments
13 of \$2,812.50 each. Payment shall be made in full within four (4) years of the start of probation.

14 Respondent understands and agrees that this civil penalty is an administrative fine pursuant
15 to 11 U.S.C. § 523(a)(7), and is non-dischargeable in bankruptcy. Respondent further
16 understands and agrees that the filing of bankruptcy by Respondent shall not relieve Respondent
17 of the obligation to pay the balance of the civil penalty to the Board.

18 Payment of this civil penalty shall satisfy all of the assessed, outstanding, pending, and
19 appealed fines included in the above-listed citations. Upon full payment of the civil penalty, all
20 of the above-listed citations shall be deemed satisfactorily resolved, and shall be so represented in
21 any future public disclosure of those citations by the Board.

22 Failure to timely pay this civil penalty shall be considered a violation of probation. Further,
23 absent prior written approval by the Board or its designee, Respondent may not successfully
24 complete probation until this amount is paid in full.

25 ² This shall include that any owner avoiding the prohibition(s) in section 4111 by making
26 his or her license to prescribe in California inactive or otherwise not an authorization to prescribe,
27 shall at no time during his or her ownership of Respondent reactivate that license or have his/her
28 authorization to prescribe reinstated. Should any person meeting the ownership threshold(s) in
section 4111 hereafter become authorized to prescribe in California, he or she must immediately
divest and/or transfer his or her ownership share to come into compliance with section 4111.

1 **3. Obey All Laws**

2 Respondent shall obey all state and federal laws and regulations. Respondent shall report to
3 the Board, in writing, within seventy-two (72) hours of such occurrence, any of the following
4 with regard to Respondent or any of its owners, officers, managers, or employees:

- 5 • an arrest or issuance of a criminal complaint for violation of any provision of the
6 Pharmacy Law, state and federal food and drug laws, or state and federal controlled
substances laws
- 7 • a plea of guilty or nolo contendere in any state or federal criminal proceeding to any
8 criminal complaint, information or indictment
- 9 • a conviction of any crime
- 10 • discipline, citation, or other administrative action filed by any state or federal agency
11 which involves Respondent's wholesaler license or which is related to the practice of
pharmacy or the manufacturing, obtaining, handling or distributing, billing, or
charging for any drug, device or controlled substance.

12 Failure to timely report any such occurrence shall be considered a violation of probation.

13 **4. Engagement of Consultant**

14 During probation, Respondent shall, at its expense, retain an independent consultant who
15 shall be responsible for reviewing pharmacy operations on a monthly basis for compliance by
16 Respondent with state and federal laws and regulations governing the practice of pharmacy and
17 for compliance by the pharmacist in charge for Respondent with the obligations of a pharmacist
18 in charge. The consultant shall be a pharmacist licensed by and not on probation with the Board
19 and whose name shall be submitted to the Board or its designee, for prior approval, within thirty
20 (30) days of the effective date of this decision. Failure to timely retain, seek approval of, or
21 ensure timely reporting by the consultant shall be considered a violation of probation

22 **5. Interview with the Board**

23 Upon receipt of reasonable prior notice, an owner or officer of Respondent shall appear in
24 person for interviews with the Board or its designee, at intervals and locations as determined by
25 the Board or its designee. Failure to appear for any scheduled interview without prior notification
26 to Board staff, or failure to appear for two (2) or more scheduled interviews with the Board or its
27 designee during the period of probation, shall be considered a violation of probation.

28 ///

1 **6. Report to the Board**

2 Respondent, through an owner or officer, shall report to the Board quarterly, on a schedule
3 as directed by the Board or its designee. The report shall be made either in person or in writing,
4 as directed. Among other requirements, the reporting owner or officer shall state in each report
5 under penalty of perjury whether there has been compliance with all the terms and conditions of
6 probation. Failure to submit timely reports in a form as directed shall be considered a violation of
7 probation. Any period(s) of delinquency in submission of reports as directed may be added to the
8 period of probation. Moreover, if a final probation report is not made as directed, probation shall
9 be automatically extended until such time as the final report is made and accepted by the Board.

10 **7. Cooperate with Board Staff**

11 Respondent owner shall cooperate with the board's inspection program and with the board's
12 monitoring and investigation of respondent's compliance with the terms and conditions of their
13 probation. Failure to cooperate shall be considered a violation of probation.

14 **8. Probation Monitoring Costs**

15 Respondent owner shall pay any costs associated with probation monitoring as determined
16 by the board each and every year of probation. Such costs shall be payable to the board on a
17 schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as
18 directed shall be considered a violation of probation.

19 **9. Status of License**

20 Respondent shall, at all times while on probation, maintain current licensure with the
21 Board. If Respondent submits an application to the Board, and the application is approved, for a
22 change of location, change of permit or change of ownership, the Board shall retain continuing
23 jurisdiction over the license, and Respondent shall remain on probation as determined by the
24 Board. Failure to maintain current licensure shall be considered a violation of probation.

25 If Respondent's license expires or is cancelled by operation of law or otherwise at any time
26 during the period of probation, including any extensions thereof or otherwise, upon renewal or
27 reapplication Respondent's license shall be subject to all terms and conditions of this probation
28 not previously satisfied.

1 **10. Notice to Employees**

2 Respondent shall, upon or before the effective date of this decision, ensure that all
3 employees involved in permit operations are made aware of all the terms and conditions of
4 probation, either by posting a notice of the terms and conditions, circulating such notice, or both.
5 If the notice required by this provision is posted, it shall be posted in a prominent place and shall
6 remain posted throughout the probation period. Respondent shall ensure that any employees
7 hired or used after the effective date of this decision are made aware of the terms and conditions
8 of probation by posting a notice, circulating a notice, or both. Additionally, Respondent shall
9 submit written notification to the Board, within fifteen (15) days of the effective date of this
10 decision, that this term has been satisfied. Failure to submit such notification to the Board shall
11 be considered a violation of probation.

12 "Employees" as used in this provision includes all full-time, part-time,
13 volunteer, temporary, and relief employees and independent contractors employed or
14 hired at any time during probation.

14 **11. Posted Notice of Probation**

15 Respondent shall prominently post a probation notice provided by the Board in a place
16 conspicuous and readable to the public. The probation notice shall remain posted during the
17 entire period of probation.

18 Respondent shall not, directly or indirectly, engage in any conduct or make any statement
19 which is intended to mislead or is likely to have the effect of misleading any patient, customer,
20 member of the public, or other person(s) as to the nature of and reason(s) for the probation.

21 Failure to post such notice shall be considered a violation of probation.

22 **12. Owners and Officers: Knowledge of the Law**

23 Respondent shall provide, within thirty (30) days after the effective date of this decision,
24 signed and dated statements from its owners, including any owner or holder of ten percent (10%)
25 or more of the interest in Respondent or Respondent's stock, and any officer, stating under
26 penalty of perjury that said individuals have read and are familiar with state and federal laws and
27 regulations governing the practice of pharmacy. The failure to timely provide said statements
28 under penalty of perjury shall be considered a violation of probation.

1 **13. License Surrender While on Probation/Suspension**

2 Following the effective date of this decision, should Respondent discontinue business,
3 Respondent may tender the premises license to the Board for surrender. The Board or its
4 designee shall have the discretion whether to grant the request for surrender or take any other
5 action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the
6 license, Respondent will no longer be subject to the terms and conditions of probation. This
7 surrender constitutes a record of discipline and shall become a part of the Respondent's license
8 history with the Board.

9 Upon acceptance of the surrender, Respondent shall relinquish the premises wall and
10 renewal license to the Board within ten (10) days of notification by the Board that the surrender is
11 accepted. Respondent shall further submit a completed Discontinuance of Business form
12 according to Board guidelines and shall notify the Board of the records and inventory transfer.

13 Neither Respondent nor its officers or owners may apply for any new Board license for
14 three (3) years from the effective date of the surrender. Any applicant shall meet all requirements
15 applicable to the license sought as of the date the application is submitted to the Board.

16 Respondent further stipulates that any applicant shall reimburse the Board for its costs of
17 investigation and prosecution prior to the acceptance of the surrender.

18 **14. Violation of Probation**

19 If Respondent has not complied with any term or condition of probation, the Board shall
20 have continuing jurisdiction over Respondent's license, and probation shall be automatically
21 extended, until all terms and conditions have been satisfied or the Board has taken other action as
22 deemed appropriate to treat the failure to comply as a violation of probation, to terminate
23 probation, and to impose the penalty that was stayed.

24 If Respondent violates probation in any respect, the Board, after giving Respondent notice
25 and an opportunity to be heard, may revoke probation and carry out the disciplinary order that
26 was stayed. If a petition to revoke probation or an accusation is filed against Respondent during
27 probation, the Board shall have continuing jurisdiction and the period of probation shall be
28 automatically extended until the petition to revoke probation or accusation is heard and decided.

15. Completion of Probation

Upon written notice by the Board or its designee indicating successful completion of probation, Respondent's license will be fully restored.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Noah E. Jussim. I understand the stipulation and the effect it will have on my Community Pharmacy Permit Application, and on the above-listed citations that are also the subject of and resolved by this agreement. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 6/20/12

Rita K. Gorman
Rita Gorman, for
ENTIRELYPETS PHARMACY
Respondent

I have read and fully discussed with the executive officer(s) for Respondent EntirelyPets Pharmacy the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 6/21/12

Noah E. Jussim
NOAH E. JUSSIM
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated:

KAMALA D. HARRIS
Attorney General of California
FRANK H. PACOB
Supervising Deputy Attorney General

JOSHUA A. ROOM
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

DATED:

DATED:

ENDORSEMENT

Dated: 6/21/2012

JOSHUA A. ROOM
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Statement of Issues No. 4294

1 KAMALA D. HARRIS
Attorney General of California
2 FRANK H. PACOE
Supervising Deputy Attorney General
3 JOSHUA A. ROOM
Deputy Attorney General
4 State Bar No. 214663
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-1299
6 Facsimile: (415) 703-5480
Attorneys for Complainant

7
8 **BEFORE THE**
BOARD OF PHARMACY
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Statement of Issues Against: Case No. 4294

11 **ENTIRELYPETS PHARMACY**

12 **Applicant for Community Pharmacy License**

13 **Respondent.**

14 **STATEMENT OF ISSUES**

15 Complainant alleges:

16 **PARTIES**

17 1. Virginia Herold (Complainant) brings this Statement of Issues solely in her official
18 capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

19 2. On or about October 21, 2011, the Board of Pharmacy received a Community
20 Pharmacy Permit Application from EntirelyPets Pharmacy, listing its parent entity as EntirelyPets
21 Pharmacy, LLC, owned 90.1% by Ritu Ghumman and 9.9% by HealthyPets, Inc. (Respondent).
22 HealthyPets, Inc. is in turn owned 50% by Ritu Ghumman and 50% by Mandeep Ghumman.¹ On
23 or about October 14, 2011, Ritu Ghumman and Mandeep Ghumman, as owner(s) and officer(s),
24 signed a certification under penalty of perjury as to the truthfulness of all statements, answers,
25 and representations in the Application. The Board denied the application on January 18, 2012.

26 ¹ Both Ritu Ghumman and Mandeep Ghumman are Doctors of Veterinary Medicine, and
27 both are licensed by the California Veterinary Medical Board. License No. 14261, issued to Dr.
28 Ritu Ghumman, is in inactive status, and she may not practice veterinary medicine at this time.
License No. 12996, issued to Dr. Mandeep Ghumman, is active and unrestricted at this time.

1 JURISDICTION AND STATUTORY/REGULATORY PROVISIONS

2 3. This Statement of Issues is brought before the Board of Pharmacy (Board),
3 Department of Consumer Affairs, under the authority of the following laws. All section
4 references are to the Business and Professions Code (Code) unless otherwise indicated.

5 4. Section 480 of the Code states, in pertinent part:

6 “(a) A board may deny a license regulated by this code on the grounds that the applicant
7 has one of the following:

8 “(1) Been convicted of a crime. . . . Any action which a board is permitted to take
9 following the establishment of a conviction may be taken . . . irrespective of a subsequent order
10 under the provisions of Section 1203.4 of the Penal Code.

11 “(2) Done any act involving dishonesty, fraud or deceit with the intent to substantially
12 benefit himself or another, or substantially injure another; or

13 “(3) Done any act which if done by a licentiate of the business or profession in
14 question, would be grounds for suspension or revocation of license.

15 “The board may deny a license pursuant to this subdivision only if the crime or act is
16 substantially related to the qualifications, functions or duties of the business or profession for
17 which application is made.”

18 5. Section 4300, subdivision (c), of the Code states:

19 “(c) The board may refuse a license to any applicant guilty of unprofessional conduct. The
20 board may, in its sole discretion, issue a probationary license to any applicant for a license who is
21 guilty of unprofessional conduct and who has met all other requirements for licensure. . . .”

22 6. Section 4301 of the Code provides, in pertinent part, that “unprofessional conduct” is
23 defined to include, but not be limited to, any of the following:

24 (f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or
25 corruption, whether the act is committed in the course of relations as a licensee or otherwise, and
26 whether the act is a felony or misdemeanor or not.

27 (j) The violation of any of the statutes of this state, of any other state, or of the United
28 States regulating controlled substances and dangerous drugs.

1 (o) Violating or attempting to violate, directly or indirectly, or assisting or abetting the
2 violation of, or conspiring to violate, any provision or term of this chapter or of the applicable
3 federal and state laws and regulations governing pharmacy, including regulations established by
4 the board or by any other state or federal regulatory agency.

5 7. Section 4037 of the Code defines "pharmacy" to mean and include any area, place, or
6 premises licensed by the Board wherein the profession of pharmacy is practiced, prescriptions are
7 compounded, controlled substances, dangerous drugs, or dangerous devices are stored, possessed,
8 prepared, manufactured, derived, compounded, or repackaged, and from which the controlled
9 substances, dangerous drugs, or dangerous devices are furnished, sold, or dispensed at retail.

10 8. Section 4043 of the Code defines "wholesaler" to mean and include any person/entity
11 that acts as a wholesale merchant, broker, jobber, customs broker, reverse distributor, agent, or a
12 nonresident wholesaler, who sells for resale, or negotiates for distribution, or takes possession of,
13 any drug or device included in Section 4022 (dangerous drugs and dangerous devices).

14 9. Section 4067 of the Code provides, in pertinent part, that no person or entity shall
15 dispense or furnish, or cause to be dispensed or furnished, dangerous drugs or dangerous devices,
16 as defined in Section 4022 of the Code, on the Internet for delivery to any person in this state
17 without a prescription issued pursuant to a good faith prior examination of a human or animal for
18 whom the prescription is meant if the person or entity either knew or reasonably should have
19 known that the prescription was not issued pursuant to a good faith prior examination of a human
20 or animal, or if the person or entity did not act in accordance with Section 1761 of Title 16 of the
21 California Code of Regulations. A "good faith prior examination" includes the requirements for a
22 physician and surgeon in Section 2242 of the Code and the requirements for a veterinarian in
23 Section 2032.1 of Title 16 of the California Code of Regulations.

24 10. Section 4110 of the Code provides, in pertinent part, that no person shall conduct a
25 pharmacy in California without first obtaining a license issued by the Board.

26 11. Section 4112 of the Code provides, in pertinent part, that no person/entity located
27 outside the state may ship, mail, or deliver controlled substances, dangerous drugs, or dangerous
28 devices into California without first obtaining a nonresident pharmacy license from the Board.

1 12. Section 4160 of the Code provides, in pertinent part, that no person/entity may act as
2 a wholesaler of a dangerous drug or device without first obtaining a license from the Board.

3 13. Section 4161 of the Code provides, in pertinent part, that no person/entity located
4 outside the state may ship, sell, mail, or deliver dangerous drugs or dangerous devices into this
5 state, or sell, broker, or distribute dangerous drugs or dangerous devices within this state, without
6 first obtaining a nonresident wholesaler license issued by the Board.

7 14. Section 4076 of the Code requires, in pertinent part, that a pharmacist shall not
8 dispense a prescription except in a container that meets the requirements of state and federal law
9 and is correctly labeled with the information specified by that section.

10 15. Section 4077 of the Code provides, in pertinent part, that except under circumstances
11 not relevant here, no person shall dispense any dangerous drug except in a container correctly
12 labeled with the information required by section 4076.

13 16. California Code of Regulations, title 16, section 1716, states in pertinent part:

14 "Pharmacists shall not deviate from the requirements of a prescription except upon the prior
15 consent of the prescriber or to select the drug product in accordance with Section 4073. . . ."

16 17. California Code of Regulations, title 16, section 1761, provides in pertinent part, that
17 no pharmacist shall compound or dispense any prescription which contains any significant error,
18 omission, irregularity, uncertainty, ambiguity or alteration, shall contact the prescriber to obtain
19 the information needed to validate the prescription, and even after conferring with the prescriber,
20 shall not compound or dispense a controlled substance prescription where the pharmacist knows
21 or has objective reason to know the prescription was not issued for a legitimate medical purpose.

22 18. Section 4111, subdivision (a), of the Code provides that the Board shall not issue or
23 renew a license to conduct a pharmacy to a person or persons authorized to prescribe or write a
24 prescription within the State of California, to any person or persons sharing a community or other
25 financial interest with such prescriber, or to any corporation that is controlled by, or in which 10
26 percent or more of the stock is owned by, such a prescriber or any person with a community or
27 other financial interest in common with such a prescriber.

28 ///

1 CITATION AND FINE AUTHORITY

2 19. Section 125.9 of the Code provides, in pertinent part, that the Board may establish, by
3 regulation, a system for issuance to a licensee of a citation to contain an order of abatement or an
4 order to pay an administrative fine assessed by the Board, or both, and the system shall include a
5 provision whereby failure of a licensee to pay a fine within 30 days of the date of assessment by a
6 citation not being appealed, may result in disciplinary action being taken.

7 20. Section 148 of the Code provides, in pertinent part, that the Board may establish, by
8 regulation, a similar system for issuance of a citation to an unlicensed person/entity acting in the
9 capacity of a licensee or registrant under the jurisdiction of the Board.

10 21. Section 4314 of the Code similarly provides, in pertinent part, that the Board may
11 issue citations containing fines and orders of abatement for any violation of the Pharmacy Law.

12 22. California Code of Regulations, title 16, section 1775 et seq. provide, in pertinent
13 part, that the Executive Officer for the Board may issue citations containing either or both a fine
14 and an order of abatement for any violation of the Pharmacy Law.

15 FACTUAL BACKGROUND

16 23. During the events and time periods described in the following, Respondent and/or its
17 affiliated entities were acting under, by and/or through entity names including HealthyPets, Inc.,
18 EntirelyPets.com, and/or Pet Pharmacy Plus. "Respondent" shall refer to all of these entities.

19 24. On or about May 15, 2009, Respondent dispensed/mailed RX 6205953, a prescription
20 container containing **Metacam 1.5 mg/ml** (a trade name for the generic drug **meloxicam**), a
21 dangerous drug, to a California customer (for a feline patient). Respondent used addresses both
22 within and outside California. Respondent was not licensed by the Board as a pharmacy. The
23 container label did not include the prescriber name or the name and address of the dispensing
24 pharmacy. The prescription called for **Metacam .5 mg/ml** instead of the dispensed **Metacam 1.5**
25 **mg/ml**, and the directions for use were written as "eight pound dose by mouth once daily" but
26 were printed on the container label as being "use as directed by your veterinarian."²

27 ² These allegations are also the subject of Citation No. CI 2009 41054, issued November
28 18, 2010. Respondent has appealed that Citation, and that appeal is now pending.

1 25. On or about July 29 and July 30, 2009, Respondent dispensed/mailed RX 6205953, a
2 prescription container containing Soloxine .1 mg, and RX 6227612, a prescription container
3 containing Soloxine .8 mg (generic: levothyroxine), a dangerous drug, to a California customer
4 (canine patient). Respondent used addresses both within and outside California. Respondent was
5 not licensed by the Board as a pharmacy. The prescriptions were dispensed and/or transacted via
6 the Internet and/or without a prescription issued pursuant to a good faith prior examination and/or
7 the prescriptions contained a significant error, omission, irregularity, uncertainty, ambiguity or
8 alteration and/or there was reason to know they were not issued for a legitimate medical purpose.³

9 26. Between on or about September 25, 2009 and on or about October 27, 2009, using an
10 address outside of California, Respondent sold, traded, or otherwise transferred dangerous drugs
11 to a pharmacy licensed by the Board located in California.⁴

12 27. Between on or about February 24, 2010 and on or about March 4, 2010, using an
13 address in California, Respondent sold, traded, or otherwise transferred dangerous drugs to a
14 pharmacy licensed by the Board located in California.⁵

15 FIRST CAUSE FOR DENIAL OF APPLICATION

16 (Unlicensed Practice of Pharmacy)

17 28. Respondent's application is subject to denial under the following section(s) of the
18 Code: 4110 and/or 4112; 480(a)(3) by reference to 4301(j), (o), 4110 and/or 4112; or 4300(c) by
19 reference to 4301(j), (o), 4110 and/or 4112; in that Respondent, as described in paragraph(s) 24
20 and/or 25 above, acted as a pharmacy without a pharmacy or nonresident pharmacy license, and
21 thereby violated the Pharmacy Law; did acts constituting cause for discipline against a license;
22 engaged in unprofessional conduct; violated statutes regulating controlled substances / dangerous
23 drugs; and/or violated/attempted to violate, directly or indirectly, or assisted or abetted violation
24 of, or conspired to violate, federal or state laws and regulations governing pharmacy.

25 ³ These allegations are also the subject of Citation No. CI 2009 42223, issued November
26 22, 2010. Respondent has appealed that Citation, and that appeal is now pending.

27 ⁴ These allegations are also the subject of Citation No. CI 2011 49569, issued December
28 7, 2011. Respondent has appealed that Citation, and that appeal is now pending.

⁵ These allegations are also the subject of Citation No. CI 2011 49563, issued December
7, 2011. Respondent has appealed that Citation, and that appeal is now pending.

1 SECOND CAUSE FOR DENIAL OF APPLICATION

2 (Inadequate Labeling and/or Deviation from Prescription)

3 29. Respondent's application is subject to denial under the following section(s) of the
4 Code and applicable regulations: 4076, 4077, and/or California Code of Regulations, title 16,
5 section 1716; 480(a)(3) by reference to 4301(j), (o), 4076, 4077, and/or California Code of
6 Regulations, title 16, section 1716; or 4300(c) by reference to 4301(j), (o), 4076, 4077, and/or
7 California Code of Regulations, title 16, section 1716; in that Respondent, as described in
8 paragraph 24 above, failed to include prescriber name, pharmacy name and address, and correct
9 directions for use on the prescription container label, and/or deviated from the prescription, and
10 thereby violated the Pharmacy Law; did acts constituting cause for discipline against a license;
11 engaged in unprofessional conduct; violated statutes regulating controlled substances / dangerous
12 drugs; and/or violated/attempted to violate, directly or indirectly, or assisted or abetted violation
13 of, or conspired to violate, federal or state laws and regulations governing pharmacy.

14 THIRD CAUSE FOR DENIAL OF APPLICATION

15 (Improper Dispensing Pursuant to Internet Prescriptions)

16 30. Respondent's application is subject to denial under the following section(s) of the
17 Code and applicable regulations: 4067 and/or California Code of Regulations, title 16, section
18 1761; 480(a)(3) by reference to 4301(j), (o), 4067 and/or California Code of Regulations, title 16,
19 section 1761; or 4300(c) by reference to 4301(j), (o), 4067 and/or California Code of Regulations,
20 title 16, section 1761; in that Respondent, as described in paragraph 25 above, dispensed and/or
21 transacted one or more prescriptions via the Internet and/or without a prescription issued pursuant
22 to a good faith prior examination and/or the prescriptions contained a significant error, omission,
23 irregularity, uncertainty, ambiguity or alteration and/or there was reason to know they were not
24 issued for a legitimate medical purpose, and thereby violated the Pharmacy Law; did acts
25 constituting cause for discipline against a license; engaged in unprofessional conduct; violated
26 statutes regulating controlled substances / dangerous drugs; and/or violated/attempted to violate,
27 directly or indirectly, or assisted or abetted violation of, or conspired to violate, federal or state
28 laws and regulations governing pharmacy.

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d. Mandeep Ghumman and Ritu Ghumman are husband and wife.

2. Taking such other and further action as is deemed necessary and proper.

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CITATION AND FINE
CI 2009 41054

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number	Name, License No
CI 2009 41054	EntirelyPets.com, Unlicensed

JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4110 subd. (a)/Bus. & Prof. Code § 4112 subd. (a) & (b)	No person shall conduct a pharmacy in the State of California unless he or she has obtained a license from the board/Nonresident pharmacy: Registration required/All nonresident pharmacies shall register with the board...	\$3,000.00
CCR, Title 16, § 1716/Bus. & Prof. Code § 4077 subd. (a)/Bus. & Prof. Code § 4076 subd. (a)(1)(2)(6)	Variation from prescription/Dispensing dangerous drugs in an incorrectly labeled container/Prescription Container - Requirements for Labeling; Container must meet requirements of law with proper labeling, Drug name or active ingredients; Directions for use; Name and address of pharmacy, and prescription number	\$2,000.00

CONDUCT:

Unlicensed Activity: Business and Professions Code section 4110 subd. (a) said no person shall conduct a pharmacy in the state of California unless he or she has obtained a license from the Board and Business and Professions Code section 4112 subd. (a) said any pharmacy located outside of this state that ships, mails, or delivers, in any manner, controlled substances, dangerous drugs, or dangerous devices into this state shall be considered a nonresident pharmacy and 4112 subd. (b) said all nonresident pharmacies shall register with the Board. EntirelyPets.com was not in compliance with the laws. Specifically, on 5/15/2009 EntirelyPets.com located at an unknown address, using Postal Mail Box #384 at 710 South 13th Street, Suite 900, in Norfolk, NE 68701 and product returns address 43450 Mintwood Street in Fremont, CA 94538, and which was part of HealthyPets Inc. located at 34501 Seventh Street in Union City, CA 94587, mailed RX 6205953, a prescription for Metacam 1.5mg/ml, to a California customer using the pharmacy name Pet Pharmacy Plus, when neither EntirelyPets.com nor Pet Pharmacy Plus were licensed as a California pharmacy or a California nonresident pharmacy. This was a violation of pharmacy law.

Medication Error: California Code of Regulations section 1716 prohibited the variation from a prescription without prescriber authorization and Business and Professions Code section 4077 subd. (a) required a prescription to be dispensed in a container labeled with the information required in Business and Professions Code section 4076 subd. (a)(1) the name of the prescriber, (2) the directions for use, and (6) the name and address of the pharmacy. EntirelyPets.com was not in compliance with the laws. Specifically, on 5/15/2009 EntirelyPets.com located at an unknown address, using Postal Mail Box #384 at 710 South 13th Street, Suite 900, in Norfolk, NE 68701 and product returns address 43450 Mintwood Street in Fremont, CA 94538, and which was part of HealthyPets Inc. located at 34501 Seventh Street in Union City, CA 94587, dispensed RX 6205953 for Armstrong feline as Metacam 1.5mg/ml instead of the prescribed Metacam .5mg/ml using pharmacy name Pet Pharmacy Plus. Furthermore, the directions for use on the label said to "use as directed by your veterinarian" instead of the prescribed "eight pound dose by mouth once daily." Also, the prescriber name was missing, and the correct name and address of the pharmacy was missing. This was a violation of pharmacy law.

CITATION ISSUED ON: November 18, 2010

TOTAL AMOUNT OF FINE(S): \$5,000.00

PAYMENT OF FINE(S) DUE BY: December 18, 2010

CITATION AND FINE
CI 2009 42223

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number	Name, License No
CI 2009 42223	Entirely Pets.com DBA Pet Pharmacy Plus, Unlicensed

JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4110 subd. (a)/Bus. & Prof. Code § 4112 subd. (a) & (b)	No person shall conduct a pharmacy in the State of California unless he or she has obtained a license from the board/Nonresident pharmacy: Registration required/All nonresident pharmacies shall register with the board...	\$5,000.00
Bus. & Prof. Code § 4067 subd. (a)	No person shall dispense or furnish, or cause to be furnished dangerous drugs...on the internet...without a prescription issued pursuant to a good faith examination	\$50,000.00

CONDUCT:

Unlicensed Activity: Business and Professions Code section 4110(a) said no person shall conduct a pharmacy in the state of California unless he or she has obtained a license from the Board and Business and Professions Code section 4112(a) said any pharmacy located outside of this state that ships, mails, or delivers, in any manner, controlled substances, dangerous drugs, or dangerous devices into this state shall be considered a nonresident pharmacy and 4112(b) said all nonresident pharmacies shall register with the Board. EntirelyPets.com was not in compliance with the laws. Specifically, on 7/29/2009 and 7/30/2009 EntirelyPets.com located at 34501 Seventh Street in Union City, CA 94587, using Postal Mail Box #384 at 710 South 13th Street, Suite 900, in Norfolk, NE 68701 and a product return address 43450 Mintwood Street in Fremont, CA 94538 shipped RX 6227029, Soloxine .1mg, and RX 6227612, Soloxine .8mg, to a California customer, SA, using the pharmacy name Pet Pharmacy Plus, when neither EntirelyPets.com nor Pet Pharmacy Plus were licensed as a California pharmacy or a California nonresident pharmacy. This was a violation of pharmacy law.

CITATION AND FINE
CI 2011 49563

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number CI 2011 49563	Name, License No. Healthy Pets Inc., Unlicensed
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JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775; Bus. & Prof. Code § 4314, subd. (1), 148		
VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
Bus. & Prof. Code § 4043 subd (a)/Bus. & Prof. Code § 4160 subd. (a)	Wholesaler means and includes every person who acts as a wholesale merchant, broker, jobber, customs broker, reverse distributor, or agent who sells, negotiates for distribution or takes possession of	\$5,000.00

CONDUCT:

Unlicensed Wholesaler. Business and Professions Code section 4043(a) defines a wholesaler to include a person who acts as a wholesale merchant, broker, jobber, customs broker, reverse distributor, agent, or a nonresident wholesaler, who sells for resale, or negotiates for distribution, or takes possession of, any drug or device included in section 4022 and Business and Professions Code section 4160(a) states a person may not act as a wholesaler of any dangerous drug unless licensed by the Board. Healthy Pets Inc. was non-compliant. Specifically, from on or about 2/24/10 to on or about 3/4/10, Healthy Pets Inc., an unlicensed wholesaler located at 43500 Mintwood St., Fremont, CA 94538, sold dangerous drugs to Pet Meds N More, Inc., located in Los Angeles, CA without first obtaining a license from the Board. This was a violation of pharmacy law.

Wholesaler	Date	Amount	Wholesaler	Wholesaler	Wholesaler
Healthy Pets Inc.	2/24/10	\$8,534.63	Pet Meds N More, Inc.	Pet Meds N More, Inc.	11901 Santa Monica Blvd. #429, Los Angeles
Healthy Pets Inc.	3/4/10	\$19,678.82	Pet Meds N More, Inc.	Pet Meds N More, Inc.	11901 Santa Monica Blvd. #429, Los Angeles

CITATION ISSUED ON: December 7, 2011

TOTAL AMOUNT OF FINE(S): \$5,000.00

PAYMENT OF FINE(S) DUE BY: January 6, 2012

CITATION AND FINE
CI 2011 49569

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number CI 2011 49569	Name, License No. Entiretypets.com, Unlicensed
---	--

JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775; Bus. & Prof. Code § 4314, subd. (1), 148		
VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
Bus. & Prof. Code § 4161 subd. (a) & (b)	Nonresident Wholesaler Requirements/License required	\$5,000.00

CONDUCT:

Unlicensed Nonresident Wholesaler. Business and Professions Code section 4161(a) states a person located outside of this state that (1) ships, sells, mails, or delivers dangerous drugs into this state or (2) sells, brokers, or distributes dangerous drugs within this state shall be considered a nonresident wholesaler and Business and Professions Code 4161 (b) states a nonresident wholesaler shall be licensed by the Board prior to shipping, selling, mailing, or delivering dangerous drugs to a site located in this state or selling, brokering, or distributing dangerous drugs within this state. Entiretypets.com was non-compliant. Specifically, from on or about 9/25/09 to on or about 10/27/09, entiretypets.com, an unlicensed wholesaler located at 710 S. 13th St. #900, PMB 384, Norfolk, NE 68701, sold dangerous drugs to Pet Meds N More, Inc., located in Los Angeles, CA without first obtaining a license from the Board. This was a violation of pharmacy law.

Wholesaler	Date	Amount	Sold To	Sold To Name	Sold To Address
Entiretypets.com	9/25/09	\$2,120.40	Pet Meds N More, Inc.	Pet Meds N More, Inc.	11901 Santa Monica Blvd. #429, Los Angeles
Entiretypets.com	10/19/09	\$3,927.08	Pet Meds N More, Inc.	Pet Meds N More, Inc.	11901 Santa Monica Blvd. #429, Los Angeles
Entiretypets.com	10/27/09	\$2,705.30	Pet Meds N More, Inc.	Pet Meds N More, Inc.	11901 Santa Monica Blvd. #429, Los Angeles

CITATION ISSUED ON: December 7, 2011

TOTAL AMOUNT OF FINE(S): \$5,000.00

PAYMENT OF FINE(S) DUE BY: January 6, 2012

Jim Bateman
3122 Diablo View Road
Lafayette, CA 94549
925/926-0445

June 30, 2014

Jane Russell
California State Board of Pharmacy
1625 N. Market Blvd., Suite N-219
Sacramento, CA 95834-1924

RE: EntirelyPets Pharmacy PHY50832
Statement of Issues Case 4294

Dear Ms. Russell,

On Monday, June 30, 2014, I conducted the ^{15th} ~~fourteenth~~ monthly consultation for EntirelyPets Pharmacy for the month of June, 2014. Pharmacist in charge Rashmi Shingari and technician Bobby Rai were present during the meeting.

The pharmacy processed a total 290 prescriptions since the last consultation as well as obtaining approval for the state of Ohio. They are now licensed in twenty-one total states. The Pharmacy and PIC continue to fully accept and fulfill the stipulated monthly consultations as well as Board of Pharmacy mandated requirements.

The 'Guidelines for Pharmacists consultant' observations in order of the monitoring form are as follows:

Question 1-13; Not applicable as no controlled substances are stocked or dispensed from the pharmacy.

14. All prescriptions are solely transcribed by the Pharmacist. All reviewed prescriptions were faxed and further verified by the pharmacist.

15. All reviewed prescriptions contained all the required information, including date of refill, pharmacist initials and quantity.

16. Changes and documentation are completed by the pharmacist only.

17. All medications were dispensed with conforming standards including ancillary labels, acceptable appearance, package inserts (when applicable) and child-resistant containers when requested on the order form. The 'consult your pharmacist' warning is located on the invoice sent to each patient.

18. All required information was present on the prescription label. DEA controlled substance caution is not applicable as the pharmacy is not licensed for controlled substances.

19. Not applicable, no needles and syringes are dispensed at this time.

20. As with previous visits, the standard of practice continues to have copies of all invoices attached to the original prescription order and maintained at the store level as required.

21. All records are maintained as required.

22. Not applicable as no compounding is offered at this time.

23. The Pharmacy is closed door, locked at all time with no public access. Security concerns with dangerous drugs within reach of any customer are not an issue. Very limited supplies of drugs are stocked at this time.

24. The area is locked and secured at all times.

25. The premises are clean and orderly.

26. All sanitary standards are maintained.

27. There have been no overages or shortages at this time.

28. Notice to Consumers is posted.

29. Pharmacist consultation is offered via the toll free number on the invoice sent out with each prescription.

30. Drug stock is properly maintained.

31. Policy and procedure manuals are in place for technicians.

Please feel free to call if you have any questions or need any additional information.

Sincerely,



Jim Bateman

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.

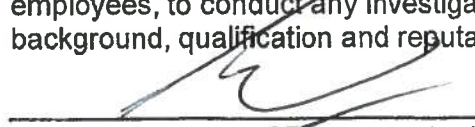
Within the last five (5) years:

- 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

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 OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input 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: North Beaches Pharmacy Inc.

Physical Address: 1510 Penman Road

Mailing Address: Same

City: Jacksonville Beach State: FL Zip Code: 32250

Telephone: 904-241-5171 Fax: 904-241-0437

Toll Free Number: 877-818-5311 (Required per NAC 639.708)

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

Managing Pharmacist: R. Michael Poland License Number: PS 19244

<u>TYPE OF PHARMACY</u>	<u>SERVICES PROVIDED</u>
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 checked="" type="checkbox"/> <input 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,**

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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


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

Robert Michael Poland
Print Name of Authorized Person

8.18.14
Date

Board Use Only

Received: 8/26/14

Amount: \$500.00

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

State of Incorporation: Florida
Parent Company if any: N/A
Corporation Name: North Beaches Pharmacy Inc.
Mailing Address: 1510 Penman Rd
City: Jacksonville Beach State: FL Zip: 32250
Telephone: 904-241-5171 Fax: 904-241-0437
Contact Person: R. Michael Poland

For any corporation non publicly traded, disclose the following:

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

a)	<u>R. Michael Poland</u>	<u>2333 Beachcomber Trail, Atlantic Beach FL</u>
	Name	Address
		100% owner 32233
b)	_____	_____
	Name	Address
c)	_____	_____
	Name	Address
d)	_____	_____
	Name	Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Robert M. Poland

Responsible Person of North Beaches Pharmacy, Inc.

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

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

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

Robert Michael Poland

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

Robert Michael Poland

Print Name of Authorized Person

8-18-14

Date

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: Pharmacy Creations, L.L.C.

Physical Address: 540 Route 10 west

Mailing Address: 40 Imprimis 12264 El Camino Real #350 San Diego Ca 92126

City: Randolph State: NJ Zip Code: 07869

Telephone: 973-328-8756 Fax: 973-328-8731

Toll Free Number: 866.792.7328 (Required per NAC 639.708)

E-mail: imprimislabs@imprimispharma.com Website: www.pharmacycreations.com

Managing Pharmacist: Kellan T. Peters Kuper License Number: 28R103432500

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,

71300

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

Andrew Z. Boll
Print Name of Authorized Person

8/19/14
Date

Page 2

Board Use Only	Date Processed: <u>8/26/14</u>	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Imprimis Pharmaceuticals, Inc.
Corporation Name: (same as above)
Mailing Address: 12264 El Camino Real #350
City: San Diego State: Ca Zip: 92126 92130
Telephone: 858-704-4043 Fax: 973-328-8731
Contact Person: Sandie Torres

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 1/11/2006
Registration number issued: 333-182846
Stock Exchange: NASDAQ

Hours of Operation for the pharmacy:

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

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A.

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Andrew Boll
Responsible Person of Pharmacy Creations, L.L.C.
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

Andrew Z. Boll
Print Name of Authorized Person

5/13/14
Date

PHARMACY CREATIONS

Dear Respected Board Official,

We are applying for a nonresident pharmacy permit or are renewing our pharmacy permit. In our application, we disclosed that Pharmacy Creations has been the subject of discipline by New Jersey or another state.

Pharmacy Creations strives to provide pharmacy services with highest degree of professionalism and in full compliance with pharmacy practice laws. Despite our best efforts, we have been subject to discipline in the past. The following is a description of our disciplinary history and the corrective actions we have taken to prevent similar infractions.

- **October 16, 2003: Fine: \$1625.00, New Jersey Board of Pharmacy.** during a routine inspection by the New Jersey Board of Pharmacy, Pharmacy Creations was issued fines for the following infractions: (1) a total of seven medications were found present in the active drug stock inventory that were either expired, misbranded, or improperly stored (\$1325.00); (2) the aseptic technique of staff pharmacist Bernie Covalesky had not been tested since March 2002 (\$200.00); and (3) prescription labels for sterile admixture products did not have the time prepared (\$100.00).

Corrective action: Pharmacy Creations implemented and enforces an inventory management policy that requires the staff review the entire drug inventory on a regular basis. This assures that our drugs are not approaching, or past, their expiration date and that all products have an appropriate label that is legible and affixed to every bottle. Any medication that has lost its label, or a portion of the label, is quarantined and scheduled for return or destruction as appropriate. Aseptic compounding staff records are reviewed on a regular basis to ensure that they are complete. Staff with incomplete files are not permitted to compound. Finally, all compounded prescription labels are double checked to ensure all required elements appear on the label. Since 2003, Pharmacy Creations has not been cited for similar infractions.

- **May 14, 2007: Fine: \$100.00, New Jersey Board of Pharmacy.** During a routine inspection by the New Jersey Board of Pharmacy, Pharmacy Creations was issued a fine for the following infractions: (1) the phrase "discard after" appeared on the prescription label for prescription number Rx 131888 instead of the required phrase "use by;" (2) the same prescription (Rx 131888) was

dispensed to a surgery center for administration to a patient but the pharmacy failed to obtain the name of the patient prior to dispensing (as such, the prescription label lacked the patient's name and no patient profile was created); and (3) a prescription for a schedule II controlled substance was missing the name and address of the patient (an order for a CII medication invoiced by Pharmacy Creations to a DEA registered veterinary practice was inadvertently distributed pursuant to a prescription order instead of the required DEA Form-222).

- **Response:** The language used on all labels uses the phrase "use by" to describe the expiration date. Following this inspection, all medications dispensed by Pharmacy Creations require a patient-specific prescription. Pharmacy Creations does not dispense, or invoice medications, for "office use." Finally, Pharmacy Creations is no longer in the business of invoicing medications for office use. However, if an emergency arose in which a CII medication needed to be transferred by the pharmacy to another DEA registrant, the transfer would only be accomplished using a DEA Form-222 as required by state and federal law.
- **October 17, 2013: Probation, Nonresident Pharmacy Permit, Indiana State Board of Pharmacy.** In April 2013, the pharmacist in charge (PIC) of Pharmacy Creations personally appeared before the Indiana Board requesting approval of Pharmacy Creations' nonresident pharmacy permit. During the interview with the Board, the PIC disclosed that Pharmacy Creations had shipped medications to patients in Indiana without a license. Because the Board noted for the record that Pharmacy Creations is performing a valuable and needed service to Indiana patients¹, the Indiana Board approved the application for a nonresident permit but placed the license on probation for at least 16 months. Upon expiration of the 16-month period, Pharmacy Creations will petition the Board to withdraw the probation.

Corrective action: Pharmacy Creations understands that any shipment of prescription medications into another state either requires a non-resident pharmacy permit if required by that state, or the shipment must qualify for an exemption from licensure. Pharmacy Creations is in the process of becoming licensed in all states that require licensure and will not ship to any jurisdiction that does not allow shipment without a permit.

- **April 22, 2014: \$2000.00 Fine, Probation, Nonresident Pharmacy Permit, Ohio State Board of Pharmacy.** In October 2012, Pharmacy Creations applied for a nonresident Terminal Distributor of Dangerous Drugs permit (nonresident pharmacy permit). The application was delayed because the Board had

¹ In the matter of Pharmacy Creations. Cause No. 2013 IBP 0046. Indiana Board of Pharmacy Oct. 17, 2013 at 3.

evidence that Pharmacy Creations had shipped medications into Ohio without a permit prior to the application. At issue was a single shipment of an injectable compound to an ophthalmologist who returned the shipment once it was determined that Pharmacy Creations was not licensed. The adjudication process for issuance of a license took almost 18 months to complete. At the conclusion of the process, the Board of Pharmacy issued a fine of \$2000.00, granted the request for the nonresident license, and immediately placed the new license on probation for 12 months.

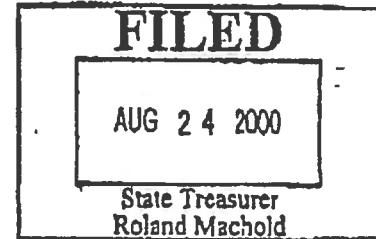
Corrective action: The shipment of drugs into Ohio took place prior to the corrective action related to the shipment of drugs into Indiana. Nonetheless, Pharmacy Creations understands that any shipment of prescription medications into another state either requires a non-resident pharmacy permit if required by that state, or the shipment must qualify for an exemption from licensure. Pharmacy Creations has decided to become licensed in all states that require licensure and will not ship to any jurisdiction that does not allow shipment without a permit.

Thank you for the opportunity to answer your questions. Pharmacy Creations is committed to patient safety and compliance and has taken each of these matters seriously. Please do not hesitate to request additional information from me about Pharmacy Creations.

Sincerely,

Scott Karolchyk, MS, RPh,. FIACP, DNM
Pharmacy Creations
540 Route 10 West
Randolph, NJ 07869
973-328-8756

CERTIFICATE OF FORMATION
OF
PHARMACY CREATIONS, L.L.C.



Signed by the undersigned for the purpose of forming a Limited Liability Company under the New Jersey Limited Liability Company Act.

FIRST: The name of this limited liability company is:

PHARMACY CREATIONS, L.L.C.

SECOND: The purposes for which this limited liability company is organized to own and operate a pharmacy and engage in any activity within the purposes for which limited liability companies may be organized under the New Jersey Limited Liability Company Act.

THIRD: The address of this limited liability company's initial registered agent is 85 Center Grove Road, Randolph, New Jersey and the name of the limited liability company's initial registered agent at such address is Bernard Covalesky, Jr.

FOURTH: This limited liability company has one or more members.

FIFTH: This Certificate of Formation is to be effective as of the date of filing.

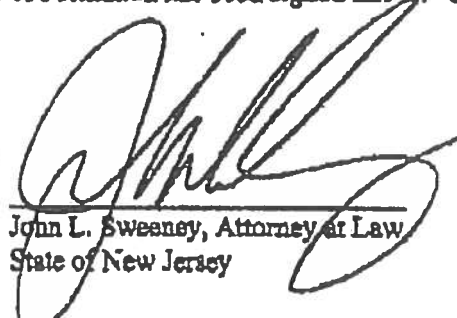
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SIXTH: This limited liability company is perpetual.

SEVENTH: The organizer of this limited liability company is John L. Sweeney, Esq., a natural person at least eighteen years old.

IN WITNESS WHEREOF, this Certificate of Formation has been signed this 24th day of August, 2000.



John L. Sweeney, Attorney at Law
State of New Jersey

Blank

TEMPORARY LICENSES
(Issued since last board meeting)

MountainView Hospital

Christine Pham

Blank



Nevada State Board of Pharmacy

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E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

SEPTEMBER 3, 2014 BOARD MEETING HELD IN RENO, NEVADA

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

Licensing Activity:

- 5 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 17 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state.
- 9 licenses were granted for Out-of-State wholesalers.
- 1 application was approved for a Nevada wholesaler pending inspection.
- 4 licenses were granted for a Nevada MDEG license.
- 7 licenses were granted for Nevada pharmacies.
- 1 application for registration as a prescribing advanced practice nurse practitioner was granted after discussing past discipline.

Disciplinary Actions:

- Pharmacist MJL was ordered a letter of reprimand; a fine and extra continuing education for filling a blood pressure medication with a diabetic medication. Pharmacy MP was fined and ordered to review its policies and procedures that led to the error.
- Pharmacist MC was fined and ordered extra continuing education for filling an antipsychotic medication with an antidepressant, causing the patient harm. Pharmacy HP was charged administrative fees and a review of their policies and procedures.
- Pharmaceutical technician TB was revoked for diversion of controlled substances for personal use and sale.
- Pharmacist JD was fined and ordered continuing education for filling an antibiotic prescription with an antidepressant, causing patient harm. He was also fined for failure to counsel the patient adequately. Pharmacy CV was charged administrative fees.

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.
- A discussion was held regarding the assigning of prescriptions numbers to flu vaccine injections per protocol for billing purposes.
- The Board meeting schedule for 2015 was reviewed and approved.
- A presentation and long discussion on sterility of nasal sprays and irrigations was conducted and will once again be heard at a public workshop for regulatory change considerations.
- A training session was held for all pharmacists and pharmacies on implementation of NPLeX, the system chosen by the Board of Pharmacy per AB 39 last session, to detect and prevent illegal purchases of methamphetamine precursors.
- Four non-ACPE accredited CE courses were approved for credit.

Workshop:

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.

Public Hearing:

None

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R133-14

August 19, 2014

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; designating tramadol as a schedule IV controlled substance; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law establishes five schedules of controlled substances. Substances are categorized based on: (1) the potential for abuse of the substance; (2) whether there is an accepted medical use for the substance; and (3) the potential for physical and psychological dependence on the substance. (NRS 453.166-453.206) Under existing law, the State Board of Pharmacy is authorized to add, delete or reschedule substances listed as controlled substances in each schedule. (NRS 453.146) The Board is required to place a substance in schedule IV if it finds that: (1) the substance has a low potential for abuse relative to substances in schedule III; (2) the substance has currently accepted medical use in treatment in the United States; and (3) abuse of the substance may lead to limited physical or psychological dependence relative to the substances in schedule III. (NRS 453.196) This regulation adds tramadol to the list of substances in schedule IV.

Section 1. NAC 453.540 is hereby amended to read as follows:

- 453.540 1. Schedule IV consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.
2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs, including,

without limitation, their salts, calculated as the free anhydrous base of alkaloid, is hereby enumerated on schedule IV, in quantities:

(a) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit; or

(b) Dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxy-butane).

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alprazolam;

Barbital;

Bromazepam;

Butorphanol;

Camazepam;

Carisoprodol;

Chloral betaine;

Chloral hydrate;

Chlordiazepoxide;

Clobazam;

Clonazepam;
Clorazepate;
Clotiazepam;
Cloxazolam;
Delorazepam;
Diazepam;
Dichloralphenazone;
Estazolam;
Ethchlorvynol;
Ethinamate;
Ethyl loflazepate;
Fludiazepam;
Flunitrazepam;
Flurazepam;
Halazepam;
Haloxazolam;
Ketazolam;
Loprazolam;
Lorazepam;
Lormetazepam;
Mebutamate;
Medazepam;

Meprobamate;

Methohexital;

Methylphenobarbital (mephobarbital);

Midazolam;

Nimetazepam;

Nitrazepam;

Nordiazepam;

Oxazepam;

Oxazolam;

Paraldehyde;

Petrichloral;

Phenobarbital;

Pinazepam;

Prazepam;

Quazepam;

Temazepam;

Tetrazepam;

Tramadol (2-((dimethylamino)methyl)-1-(3-methoxyphenyl)cyclohexanol);

Triazolam;

Zaleplon;

Zolpidem; or

Zopiclone.

4. Any material, compound, mixture or preparation which contains any quantity of fenfluramine, including, without limitation, its salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible, is hereby enumerated on schedule IV. For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV:

Cathine ((+)-norpseudoephedrine);

Diethylpropion;

Fencamfamin;

Fenproporex;

Mazindol;

Mefenorex;

Modafinil;

Pemoline (including organometallic complexes and chelates thereof);

Phentermine;

Pipradrol;

Sibutramine; or

SPA ((-)-dimethylamino-1,2-diphenylethane).

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pentazocine, including, without limitation, its salts, is hereby enumerated on schedule IV.

PROPOSED REGULATION OF THE NEVADA STATE BOARD OF PHARMACY

Workshop October 16, 2014

NAC 639.6625 “Compound” and “compounding” defined. ([NRS 639.070](#))

1. Except as otherwise provided in subsection 2, “compound” and “compounding” mean:

(a) The preparation, mixing or assembling of a drug product of which at least one component is a prescription drug; and

(b) The packaging and labeling incident to the preparation, mixing or assembling of a drug product for the purpose of selling or dispensing the drug product pursuant to a prescription or chart order.

2. The terms “compound” and “compounding” do not include the mixing or reconstituting of a nonsterile drug product that is performed in accordance with:

(a) The directions contained in the labeling of the drug product that have been approved by the Food and Drug Administration and provided by the manufacturer of the drug product; or

(b) Any other directions provided by the manufacturer of the drug product that are consistent with the labeling of the drug product that have been approved by the Food and Drug Administration.

(Added to NAC by Bd. of Pharmacy by R035-06, eff. 9-18-2008)

NRS 639.007 “Drug” and “medicine” defined. “Drug” and “medicine” mean:

1. Articles recognized in the official United States Pharmacopoeia, the official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them;

2. Articles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals;

3. Articles, other than food, aspirin and effervescent saline analgesics, intended to affect the structure or any function of the body of humans or other animals;

4. Articles intended for use as a component of any article specified in subsection 1, 2 or 3; and

5. Any controlled substance.

(Added to NRS by 1967, 1651; A 1971, 2039; 1983, 1505; [1987, 1566](#))

NAC 639.67* Compounding of nasal medications. ([NRS 639.070](#))**

1. For products intended to be delivered into the nasal cavity the pharmacy engaged in the practice of compounding nasal irrigation, nasal solution, powder for delivery into the nasal sinus, or nasal spray products shall:

(a) Label the compound with the statement; “Not for use in the lungs” and

(1) Compound the drug to the Standards for Compounding and Dispensing Sterile Products NAC 639.6705 to NAC 639.67079. or

(2) Compound the drug to the Standards for Compounding and Dispensing Nonsterile Products NAC 639.6703 to NAC 639.67037 and perform objectionable microorganisms testing per USP 1111 to validate the pharmacy’s compounding procedure of each product type.