



Nevada State Board of Pharmacy

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January 8, 2015

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, January 21, 2015 at 9:00 am. The meeting will continue, if necessary, on Thursday, January 22, 2015 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 December 3, 2014, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Banner Family Pharmacy – Chandler – Chandler, AZ
 - B. Canyon Care Rx – Tempe, AZ
 - C. Exact Care Pharmacy LLC – Valley View, OH
 - D. Hemophilic Support Systems – Cypress, CA
 - E. Innovativerx Gulf Coast Pharmacy – Naples, FL
 - F. MedImpact Direct, LLC – Tempe, AZ
 - G. MedVantx Specialty Pharmacy – Louisville, KY
 - H. Safeway Pharmacy – Bullhead City, AZ
 - I. Script Specialists – Madisonville, LA

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

- J. Accu-Care Pharmacy – Sugar Land, TX
- K. Alero Health – Cranbury, NJ
- L. Choice Compounding Pharmacy – Torrance, CA
- M. Custom Care Pharmacy – Oak Park, IL
- N. Heartland Pharmacy – Ammon, ID
- O. Rx Unlimited Pharmacy – North Hills, CA

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

- P. Arthrocare Corporation – Austin, TX
- Q. Arthrocare Corporation – Austin, TX
- R. Arthrocare Corporation – Irvine, CA
- S. Cetylite Industries, Inc. – Pennsauken, NJ
- T. Ceva Animal Health, LLC – Kansas City, MO
- U. Covidien Sales LLC – Plainfield, IN
- V. DPT Lakewood, LLC – Lakewood, NJ
- W. Genco – Milwaukee, WI

- X. Gen-Source Rx – Carlstadt, NJ
- Y. Haemonetics Corporation – Mount Juliet, TN
- Z. Kuehne + Nagel Inc. – Plainfield, IN
- AA. Kuehne + Nagel Inc. – Redlands, CA
- BB. Medico-Mart, Inc. – Waukesha, WI
- CC. Midwest Medical Supply Co., LLC – Phoenix, AZ
- DD. Owens & Minor Distribution, Inc. – Carol Stream, IL
- EE. RGH Enterprises, Inc. – Hazelwood, MO
- FF. Sanofi-Aventis U.S. LLC – Taylor, PA
- GG. SCA Pharmaceuticals, LLC – Little Rock, AR
- HH. Young Dental Manufacturing 1, LLC – Earth City, MO
- II. Walgreen Co. – Mount Vernon, IL

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

- JJ. Altius Healthcare – Prescott, AZ
- KK. Countrywide Medical – Houston, TX
- LL. Gingi-Pak, A Division of the Belport Co., Inc. – Camarillo, CA
- MM. Handi Medical Supply, Inc. – St. Paul, MN
- NN. HemaSource Inc. – West Jordan, UT
- OO. Inspire Medical Equipment & Services, Inc. – Warwick, RI
- PP. N2Sleep Homecare – Pleasanton, CA
- QQ. Ocean Home Health Supply LLC – Lakewood, NJ
- RR. Regenes Health Services, Inc. – Jacksonville, FL
- SS. RGH Enterprises, Inc. – Hazelwood, MO
- TT. Smiths Medical ASD, Inc. – Southington, CT

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- UU. Ear, Nose And Throat Surgery Center LLC – Las Vegas
- VV. Smith's Pharmacy #301 – North Las Vegas
- WW. Smith's Pharmacy #304 – Las Vegas
- XX. Smith's Pharmacy #305 – Las Vegas
- YY. Smith's Pharmacy #306 – North Las Vegas
- ZZ. Smith's Pharmacy #318 – Las Vegas

◆ REGULAR AGENDA ◆

4. Appearance Request for Possible Action:

Opioid Rescue Therapy:

Judge Dorothy Nash-Holmes and Dr. Karla Wagner

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. Daniel Asarch, R.Ph (13-076-RPH-S)
- B. Partell Pharmacy West (13-076-PH-S)
- C. Joseph Edwards, R.Ph (14-033-RPH-N)
- D. Ridley's Clinic Pharmacy (14-033-PH-N)
- E. Scott M. Harrington, R.Ph (14-064-RPH-S)
- F. Smith's Pharmacy #394 (14-064-PH-S)
- G. Sherrilyn DeFreece, PT (14-084-PT-S)
- H. Breanna C. Macias, PT (14-085-PT-S)
- I. Jaime Cordoba-Hernandez, R.Ph (14-086-RPH-S)

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

American Specialty Pharmacy – Las Vegas

7. Applications for Out-of-State Pharmacy – Appearances for Possible Action:

- A. California Pharmacy & Compounding Center – Newport Beach, CA
- B. Diamondback Drugs – Scottsdale, AZ
- C. OptumRx – Carlsbad, CA

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

- A. Boothwyn Pharmacy, Inc. – Boothwyn, PA
- B. MedicoRx Specialty – Van Nuys, CA
- C. North Beaches Pharmacy Inc. – Jacksonville, FL
- D. Preckshot Professional Pharmacy – Peoria Heights, IL
- E. Synergy Pharmacy Services, Inc. – Palm Harbor, FL

9. Applications for Nevada MDEG – Appearance for Possible Action:

- A. Bluebird Medical Supply, Inc. – Las Vegas
- B. Medical Supplies Las Vegas, Inc. – Las Vegas

10. Application for Controlled Substance Registration – Appearance for Possible Action:

Richard A. Singer, MD

11. Application for Pharmacist Licensure by Examination – Appearance for Possible Action:

Venus Vedadi

12. Discussion and Determination for Possible Action:
 - Cite and Fine for Unlicensed MDEG's
13. Possible Election of Officers for Possible Action
14. General Counsel Report for Possible Action
15. Executive Secretary Report for Possible Action:
 - A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities
 1. CE Presentations:
 - a. Drug and Family Court Judges & Staff
 - b. APRN's
 - c. Dental Hygienist Association
 - d. DEA's Pharmacy Diversion Awareness Conference
 2. Video Contest Governor & AG's Luncheon
 3. Veterinary Board Appearance
 - D. Reports to Board
 1. Collaborative Efforts:
 - a. BOME; BON; BOVM
 2. National Governor's Association Meeting on Rx Drug Abuse
 3. NABP Inspection Blueprint Development Workshop
 4. Legislative Committee on Regulations
 5. Meeting with Dr. George Wang of Sirum
 - E. Board Related News
 1. NABP District Meeting
 - F. Activities Report

◆ ◆ ◆ W O R K S H O P for Possible Action ◆ ◆ ◆

Thursday, January 22, 2015 – 9:00 am

16. **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.
 - A. **Amendment of Nevada Administrative Code 639.050 Storage and destruction of certain controlled substances.**
 - B. **Amendment of Nevada Administrative Code 639.498 Destruction of certain controlled substances: Requirement; procedure.**

C. **Amendment of Nevada Administrative Code 639.760 Return of unused drugs packaged in unit doses.**

D. **Amendment of Nevada Administrative Code 639.6282 Third-party logistics provider.** Updating the law to be consistent with federal Drug Quality and Security (DQSA).

E. **Amendment of Nevada Administrative Code 639.6305 Third-party logistics providers: General Requirement.** Updating the law to be consistent with federal Drug Quality and Security (DQSA).

F. **Amendment of Nevada Administrative Code 639.New Language Outsourcing Facilities** Updating the law to be consistent with federal Drug Quality and Security (DQSA).

17. Next Board Meeting:

March 4-5, 2015 – Reno

18. 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, NV

December 3, 2014

Board Members Present:

Kam Gandhi Leo Basch Cheryl Blomstrom Jack Dalton
Kirk Wentworth

Board Members Absent:

Tallie Pederson Kevin Desmond

Board Staff Present:

Larry Pinson Dave Wuest Paul Edwards Shirley Hunting
Joe Depczynski Kristopher Mangosing

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

1. Public Comment

No public comment.

2. Approval of October 15 & 16, 2014, Minutes

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

- Item 7: Paragraph 4 - Board staff will verify and correct the date when the Dental Board entered a Stipulated Agreement regarding Dr. Greenwood
- Item 7: Jack Dalton recused from participation in this matter and therefore did not offer a vote.

Board Action:

Motion: Cheryl Blomstrom moved to approve the Minutes with corrections as noted.

Second: Jack Dalton

Action: Passed Unanimously

3. Applications for Out-of-State Pharmacy

- A. Accredo Health Group, Inc. – Englewood, CO
- B. Acro Pharmaceutical Services LLC – Sharon Hill, PA
- C. Axiom Healthcare Pharmacy West – Irvine, CA
- D. Baxter Healthcare Corporation – Salt Lake City, UT
- E. Brand Direct Health, L.L.C. – Mandeville, LA
- F. Complete Care Pharmacy – Champaign, IL
- G. Integrity Rx Specialty Pharmacy LLC – Scottsdale, AZ
- H. Ira's Pharmacy – Lake Worth, FL
- I. Medi-Home Pharmacy – Irmo, SC
- J. Omnicare of Northern Illinois – Des Plaines, IL
- K. Premier Med Services Inc. – Los Angeles, CA
- L. Pet Rescue Rx, Inc. – Akron, NY
- M. Safeway Pharmacy #4702 – Long Beach, CA
- N. Vet Approved Rx – Oakland, TN

Applications for Out-of-State Compounding Pharmacy

- O. Akina Pharmacy – Chantilly, VA
- P. Darmann Pharmacy – Simi Valley, CA
- Q. Glades Drugs – Pahokee, FL
- R. HM Compounding – Bayonne, NJ
- S. HM Compounding – Brooklyn, NY
- T. Irvine Wellness Pharmacy – Irvine, CA
- U. Jones Total Health Pharmacy – Ft Lauderdale, FL
- V. Marian Respiratory Care, Inc. – Daphne, FL
- W. Rx Pro of Alabama, LLC – Dothan, AL

Applications for Out-of-State Wholesaler

- X. American Pharmaceutical Ingredients, LLC – Waterford, MI
- Y. Centurion Medical Products – San Bernardino, CA
- Z. Exel Inc. – Mechanicsburg, PA

- AA. Exel Inc. – Taunton, MA
- BB. Exela Pharma Sciences, LLC – Lenoir, NC
- CC. Fisher Scientific Company L.L.C. – Agawam, MA
- DD. Fisher Scientific Company L.L.C. – Denver, CO
- EE. Fisher Scientific Company L.L.C. – Federal Way, WA
- FF. Fisher Scientific Company L.L.C. – Florence, KY
- GG. Fisher Scientific Company L.L.C. – Hanover Park, IL
- HH. Fisher Scientific Company L.L.C. – Houston, TX
- II. Fisher Scientific Company L.L.C. – Nazareth, PA
- JJ. Fisher Scientific Company L.L.C. – Pittsburgh, PA
- KK. Fisher Scientific Company L.L.C. – Suwanee, GA
- LL. Fisher Scientific Company L.L.C. – Suwanee, GA
- MM. Halyard Sales, LLC – Tucson, AZ
- NN. Owen Laboratories, Inc. – Fort Worth, TX
- OO. Pine Pharmaceuticals – Tonawanda, NJ
- PP. Purelife, LLC – Carson, CA
- QQ. Sun Pharmaceutical Industries, Inc. – Cranbury, NJ
- RR. Tolmar Pharmaceuticals, Inc. – Fort Collins, CO
- SS. Tolmar Pharmaceuticals, Inc. – Fort Collins, CO
- TT. Virtus Pharmaceuticals, LLC – Tampa, FL
- UU. Webster’s Community Pharmacy – Altadena, CA

Applications for Out-of-State MDEG

- VV. AccessClosure, Inc. – Santa Clara, CA
- WW. All American Medical Supplies, LLC – Miramar, FL
- XX. All American Medical Supplies, LLC – Riegelsville, PA
- YY. American Home Medical Inc. – Davie, FL
- ZZ. MDS Medical Device Specialty Inc. – Woods Cross, UT
- AAA. Medstrive, LLC – Sherman, TX
- BBB. One Call Care Equipment & Devices – Jacksonville, FL
- CCC. Sleep Management L.L.C. – Lafayette, LA
- DDD. Ultra Medical Supply – Bullhead City, AZ

Applications for Nevada Pharmacy

- EEE. Divine Touch Services Pharmacy & Compounding LLC – Sparks
- FFF. Safeway Pharmacy #1517 – Fallon
- GGG. Safeway Pharmacy #2255 – Hawthorne
- HHH. Safeway Pharmacy #1210 – Reno
- III. Safeway Pharmacy #2656 – Sparks
- JJJ. Safeway Pharmacy #1537 – Zephyr Cove
- KKK. Vons Pharmacy #2391 – Boulder City
- LLL. Vons Pharmacy #1795 – Henderson
- MMM. Vons Pharmacy #2511 – Henderson
- NNN. Vons Pharmacy #2615 – Henderson

- OOO. Vons Pharmacy #1688 – Las Vegas
- PPP. Vons Pharmacy #1963 – Las Vegas
- QQQ. Vons Pharmacy #1970 – Las Vegas
- RRR. Vons Pharmacy #2390 – Las Vegas
- SSS. Vons Pharmacy #2392 – Las Vegas
- TTT. Vons Pharmacy #2395 – Las Vegas
- UUU. Vons Pharmacy #2613 – Las Vegas
- VVV. Vons Pharmacy #2614 – Las Vegas

Application for Nevada Warehouse

WWW. Cameron Pharmaceuticals, LLC – Henderson

Application for Nevada Wholesaler

XXX. OHL – Sparks

President Gandhi disclosed that he is employed by Albertsons/Sav-On who recently merged with Vons. He will preside over this matter but will not cast a vote.

The Board requested clarification of services provided for the Application for an Out-of-State Pharmacy License for Item 3.V., Marian Respiratory Care, Inc. The Board requested clarification of the facility manager for the Application for Out-of-State Wholesaler License for Items 3EE and 3II Fisher Scientific Company L.L.C.

Board Action:

Motion: Cheryl Blomstrom found the Consent Agenda application information to be accurate and complete and moved for approval with the exception of Items 3.V., Marian Respiratory Care, Inc., 3.EE. and 3.II. Fisher Scientific Company L.L.C.

Second: Leo Basch

Action: Passed Unanimously

Board Action:

Motion: Leo Basch moved to approve the Application for Out-of-State Pharmacy License for Item 3.V., Marian Respiratory Care, Inc. pending a signed statement that the pharmacy agrees not to use a preprinted prescription form that includes their business name.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Cheryl Blomstrom moved to table the Applications for Out-of-State Wholesaler License for Items 3EE and 3II, Fisher Scientific Company L.L.C pending clarification of the Facility Manager for each location.

Second: Leo Basch

Action: Passed Unanimously

4. Presentation of the Bowl of Hygeia Award

Christopher J. Shea, R.Ph

Christopher J. Shea was selected by the Nevada Bowl of Hygeia Committee as the recipient of the 2014 Bowl of Hygeia Award for his outstanding community service and particularly for his contribution and commitment in the field of Geriatric care.

5. Discipline Cases

A. Precision Pharmacy (14-071-PH-O)

Mr. Edwards informed the Board that no representative from Precision Pharmacy was present.

Mr. Edwards explained that this matter is a parallel action against Precision Pharmacy's pharmacy license. Precision Pharmacy entered a Stipulated Settlement and Disciplinary Order with the California Board of Pharmacy (CA Board) in February 2014, to resolve each of the 21 causes of action in the California Accusation regarding Precision's compounding of veterinary equine products in violation of another company's patent.

Mr. Edwards presented a Stipulation and Order regarding Precision Pharmacy for the Board's consideration. Precision Pharmacy's Nevada registration shall be suspended. However, that suspension is stayed, and Precision Pharmacy is placed on indefinite probation until it provides documentation from the CA Board indicating that it has been released from probation in that state, and that its CA license has returned to active and unencumbered status with the CA Board. Precision Pharmacy will pay an administrative fee of \$1000.00.

Mr. Edwards stated that the presented stipulation is comparable with Precision's discipline from other states and recommends that the Board accept the Stipulation and Order.

Board Action:

Motion: Leo Basch moved to accept the Stipulation and Order as presented.

Second: Jack Dalton

Action: Passed Unanimously

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

Justin Bustos was present as counsel representing Maryanne Phillips.

Mr. Edwards summarized Dr. Phillips' case and presented a stipulated agreement regarding an evidentiary issue. The Nevada Board accepts into evidence the certified copy of the California Medical Board's Orders. Dr. Phillips hereby dismisses all arguments on appeal that challenge, or otherwise call into question, the authenticity of the California Medical Board's Orders.

Mr. Bustos agreed that Mr. Edwards' summary of the case and presentation of the stipulation was accurate.

Board Action:

Motion: Cheryl Blomstrom moved to approved the Stipulated Agreement as presented

Second: Kirk Wentworth

Action: Passed Unanimously

6. Application for Controlled Substance Registration

Richard A. Singer, MD

Dr. Singer requested postponement until the January 2015 meeting. No action was taken.

7. Applications for Nevada Pharmacy

A. Aeva Specialty Pharmacy – Las Vegas

Barbara Deinet appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Deinet explained that Aeva Specialty Pharmacy was licensed in January 2014 and has been operational since April. She states Aeva Specialty Pharmacy is a retail pharmacy specializing in non-sterile compounding.

The Board informed Ms. Deinet that supplying physicians with preprinted prescription pads without compensation is not allowed. Ms. Deinet agreed to cease this practice.

Board Action:

Motion: Kirk Wentworth moved to approve ownership change for Aeva Specialty Pharmacy.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. AHF Pharmacy – Las Vegas

William Guss, National Director of Pharmacy for AHF, and Phillip Chung, managing pharmacist, appeared and were sworn by President Gandhi prior to answering questions or offering testimony. Mr. Guss and Mr. Chung did not have a letter from the owner authorizing them to speak on behalf of the company. The Board agreed to review the application.

Mr. Guss stated that AIDS Healthcare Foundation (AHF) is a non-profit organization that provides care to over 350,000 patients in 36 countries.

Mr. Guss explained AHF Pharmacy is a retail pharmacy focused primarily on HIV and AIDS care, but AHF will dispense medications for other STD's as well as maintenance medications based on the comprehensive needs of their patients.

Board Action:

Motion: Cheryl Blomstrom moved to approve AHF Pharmacy's Application for Nevada Pharmacy License pending receipt of a letter from the owner that Mr. Guss and Mr. Chung are authorized to speak on behalf of the company.

Second: Leo Basch

Action: Passed Unanimously

C. First Class Rx Pharmacy LLC – Las Vegas

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

Ms. Martin explained First Class Rx Pharmacy is a retail pharmacy that offers a delivery service.

The Board questioned Ms. Martin regarding ownership and funding of First Class Rx Pharmacy. Ms. Martin said that a family member provided the financing in the form of a loan to her to open the pharmacy. Ms. Martin clarified that the family member is not an investor in the business. Ms. Martin stated that she is the sole owner of the pharmacy. At the Board's request, Ms. Martin will submit a letter to the Board Office disclosing that she is the sole owner of the pharmacy.

Board Action:

Motion: Kirk Wentworth moved to approved First Class RX Pharmacy's Application for Nevada Pharmacy License pending receipt of a letter disclosing ownership of the pharmacy.

Second: Cheryl Blomstrom

Ayes: Blomstrom, Dalton, Wentworth

Nays: Basch

Action: Motion Carried

8. Applications for Nevada MDEG

A. Arize Medical Equipment Repair – Las Vegas

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

The Board questioned Ms. Walker about Arize Medical Equipment Repair which has been operating out of her home unlicensed since 2012.

The Board expressed concern regarding the lack of knowledge about regulations and statutes involved with running an MDEG. The Board felt Mr. Walker, the facility administrator, needed to appear to address questions about his availability and his ability to execute the tasks as Arize Medical Equipment Repair's administrator.

Ms. Walker requested the application be tabled until the January 2015 meeting because Mr. Walker was not available to appear at this time.

After a brief recess, Mr. Walker arrived and requested to be heard by the Board, which President Gandhi agreed to.

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

The Board posed questions regarding Mr. Walker's availability to be at Arize Medical Equipment Repair. Mr. Walker assured the Board that he would be on site during business hours, and stated he may reduce business hours in order to ensure he will be available.

Board Staff recommended that Mr. Walker become more familiar with regulations and statutes involved with running an MDEG.

Board Action:

Motion: Leo Basch moved to approve Arize Medical Equipment Repair's Application for Nevada MDEG

Second: Kirk Wentworth

Action: Passed Unanimously

B. Bluebird Medical Supply Inc. – Las Vegas

Karine Ghadyan, administrator and owner, and Mary Khamprasyan, consultant, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Ghadyan explained that Bluebird Medical Supply specializes in diabetic shoes and incontinence supplies, and fielded question regarding her proposed practice.

Board Action:

Motion: Kirk Wentworth moved to approve Bluebird Medical Supply Inc.'s Application for Nevada MDEG License.

Second: Jack Dalton

Ayes: Wentworth, Dalton

Nays: Basch, Blomstrom

In the case of a tie, the President may offer a vote.

President Gandhi offered a nay vote.

Action: Motion Failed

The Board expressed concern regarding Ms. Ghadyan's lack of experience with the fitting of diabetic shoes and use of the diabetic supplies she plans to sell. The Board recommended Ms. Ghadyan contact vendors to request training materials and certification.

Ms. Ghadyan requested postponement until the January 2015 meeting. No action was taken.

C. Harris Welding Supply – Sparks

Timothy Lettich, General Manager, and Aaron Haupt, Operations Manager and co-owner, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Lettich stated that Harris Welding Supply only sells medical grade gases to people licensed to dispense and/or administer medical gas. He explained the procedure Harris Welding Supply follows in order to track medical gas cylinders.

Mr. Lettich and Mr. Haupt answered questions to the Board's satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve Harris Welding Supply's Application for Nevada MDEG

Second: Leo Basch

Action: Passed unanimously

D. Health First Technologies – Carson City

Gary White, owner, and Elsy Colome appeared and were sworn by President Gandhi prior to answering questions or offering testimony

Mr. White explained that Health First Technologies sells electrical muscle stimulation supplies. He stated that currently Health First Technologies only sells to physicians, and is considering selling to patients in the future.

The Board asked Mr. White to clarify arrests, detentions, litigations, and arbitrations disclosed on the application. Mr. White explained the lawsuits involved trademark violations and violations of non-compete contract.

Board Action:

Motion: Leo Basch moved to approve Health First Technology's Application for Nevada MDEG pending inspection.

Second: Cheryl Blomstrom

Action: Passed unanimously

E. Integrated Medical Systems, Inc. – Sparks

Timothy Reynolds, Regional Manager, and Ivette Reynolds, biomedical technician, appeared and were sworn by President Gandhi prior to answering questions or offering testimony. Mr. Reynolds did not have a letter from the owner authorizing her to speak on behalf of the company. The Board agreed to review the application.

The Board requested clarification for unanswered questions on Integrated Medical Systems, Inc.'s application. Board Staff clarified that Integrated Medical Systems, Inc. had also submitted a wholesaler application that had all the questions completed. The Board reviewed and accepted the wholesaler application.

Board Action:

Motion: Kirk Wentworth moved to approve Integrated Medical Systems Inc.'s Application for Nevada Wholesaler pending receipt of a letter from the owner that Mr. Reynolds is authorized to speak on behalf of the company.

Second: Cheryl Blomstrom

Action: Passed unanimously

9. Public Hearing to Act Upon a Regulation for Possible Action:

Amendment of Nevada Administrative Code 453.520 and 453.530 On August 22, 2014, the Federal Drug Enforcement Agency (DEA) published a final ruling in the Federal Register rescheduling hydrocodone combination products from Schedule III to Schedule II of the Controlled Substances Act. The rule became effective October 6, 2014.

The proposed amendment will bring the treatment of hydrocodone in Nevada's controlled substance regulations, whether produced as a single-entity product or in combination with any other active ingredient, into conformity with current federal regulations, with which Nevada pharmacists are required to comply.

President Gandhi opened the Public Hearing.

There was no public comment.

President Gandhi closed the Public Hearing.

Board Action:

Motion: Cheryl Blomstrom moved to adopt the regulation as amended

Second: Jack Dalton

Action: Passed Unanimously

10. Proposed Regulation Amendment Workshop

Amendment of Nevada Administrative Code 453.510 Schedule I. Additions to Schedule I per request from Las Vegas Metro Police Department.

Mr. Edwards said that the amendment will add newly identified synthetic drugs to Schedule I.

President Gandhi opened the Workshop for public comment.

There was no public comment.

Board Action:

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

Second: Kirk Wentworth

Action: Passed Unanimously

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

A. North Beaches Pharmacy Inc. – Jacksonville Beach, FL

North Beaches Pharmacy Inc. requested postponement until the January 2015 meeting. No action was taken.

B. Pharmacy Creations – San Diego, CA

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

Mr. Biderman explained that Pharmacy Creations specializes in sterile compounding of Tri-Moxi and Tri-Moxi-Vanc, and intravitreal injections for use in eye surgery.

The Board questioned Mr. Biderman about Pharmacy Creations past disciplinary actions in other states. Mr. Biderman stated the past disciplinary actions were under different ownership. Mr. Biderman explained to the Board the steps Pharmacy Creations takes to ensure the sterility of the product.

Board Action:

Motion: Kirk Wentworth moved to approve Pharmacy Creations' Application for Out-of-State Pharmacy License pending favorable inspections by the New Jersey Board of Pharmacy and the Pharmacy Compounding Accreditation Board.

Second: Leo Basch

Action: Passed Unanimously

C. Soleo Health Inc. – Tempe, AZ

Zackary Stratton, Pharmacist in Charge, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Stratton explained that Soleo Health Inc. is a home infusion company that specializes in compounding IVIG, antibiotics, and TPN.

The Board questioned Mr. Stratton on Soleo Health Inc.'s shipping practices.

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

Board Action:

Motion: Cheryl Blomstrom moved to approve Soleo Health Inc.'s Application for Out-of-State Pharmacy License pending proof of inspection and accreditation.

Second: Kirk Wentworth

Action: Passed Unanimously

D. Trucare Pharmacy – Corona, CA

Mina Kolta , Owner and Pharmacist in Charge of Trucare Pharmacy, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Kolta stated that Trucare Pharmacy focuses on long term patient care and offers both sterile and non-sterile compounding.

The Board questioned Mr. Kolta about Trucare Pharmacy's sterility testing procedure.

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

Board Action:

Motion: Kirk Wentworth moved to approve Trucare Pharmacy's Application for Out-of-State Pharmacy License pending proof of accreditation once it is completed.

Second: Cheryl Blomstrom

Action: Passed Unanimously

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

Blu Pharmaceuticals, LLC

Mr. Pinson reviewed statute NRS 639.515 which addressed Surety Bonds for the Board.

Mr. Wuest explained that no representative from Blu Pharmaceuticals was present. Mr. Wuest stated that he has been in contact with Sharon Luster, vice president, and had no concerns with reducing the Surety Bond.

Board Action:

Motion: Cheryl Blomstrom moved to reduce Blu Pharmaceuticals surety bond from \$100,000 to \$5,000.

Second: Leo Basch

Action: Passed Unanimously

13. Discussion and Determination for Possible Action:

A. Return of Drugs to a Pharmacy

Mr. Pinson explained that currently Nevada has a regulation that prohibits pharmacies from taking back prescription drugs. Board Staff recommends that we change the regulation to allow pharmacies to take prescription drugs back based on the DEA's guidelines and in the interest of curtailing prescription drug abuse.

Mike Ashton, pharmacist, questioned why pharmacies should be responsible for returned prescription drugs. Mr. Pinson replied that the program is voluntary.

Liz McMenemy, Retail Association of Nevada, recommended educating the public on how to safely dispose of their own prescription medications. She stated that Northern Nevada will continue to do take back programs.

Adam Poruth, pharmacist, agreed that education for patients was key. He stated he was in favor of changing the regulation to make it possible for pharmacies to take back patients prescription drugs.

The Board agreed that the regulation should be changed. Board Staff will draft proposed language and present it at the January 2015 Workshop.

B. Wholesaler Pedigree – DQSA

Mr. Pinson provided an overview of DQSA which requires manufacturers and wholesalers to pedigree their drugs to the federal government instead of to the Nevada State Board of Pharmacy, noting that the new federal requirements supersede state law.

The Board discussed how to modify the statute to better cooperate with DQSA, noting that statutory changes and only be made by the Legislature.

C. Third Party Logistics (3PL)

Mr. Pinson stated that we are currently licensing 3PLs as wholesalers. He explained that federal law now requires 3PLs be licensed separately from wholesalers.

The Board discussed creating a new license type or subclass to accommodate 3PLs.

Board staff will investigate if a statutory change is necessary in order to change licensing for 3PLs and inform the Board.

D. Licensing of FDA Licensed Outsourcing Facilities

Mr. Pinson explained that most Outsourcing Facilities have been licensed around the country as pharmacies when in actuality they manufacture.

Mr. Pinson recommended creating a new license category for Outsourcing Facilities.

Doug Kevin, pharmacy manager at Nevada's only FDA approved Outsourcing Facility, questioned what category outsourcing facilities will be licensed under.

The Board discussed the possibility of creating a new license category, or creating a subclass under manufacturers. Board Staff will come forth with language.

14. Report on Annual Audit

Mr. Pinson presented the Annual Audit Report for the Board's information, stating he was pleased with the results.

15. General Counsel Report

There was no General Counsel Report

16. Executive Secretary Report

A. Financial Report

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

B. Temporary Licenses

One temporary license was issued since the last meeting.

C. Staff Activities

1. Presentations:

a. Continuing Education

Luis Curras, Paul Edwards, and Dave Wuest have been active in October conducting CE presentations for the renewal period

b. CE Video

Paul Edwards presented a one hour law CE which was taped by the "Pharmacist Letter" and will be available through a link on the Board's website.

Larry Pinson will be doing a webinar for the University of Nevada, Reno on the topic of prescription drug abuse.

2. Approved Applications from October 2014 Meeting:

a. Topical Solutions

Topical Solutions will not be doing sterile compounding. The application was processed as instructed by the Board during the last meeting

b. Richardson East Neighborhood Pharmacy

Richardson East Neighborhood Pharmacy clarified that they would not be doing any other services or any sterile compounding. The application was processed as instructed by the Board during the last meeting.

D. Reports to Board

1. Collaborative Efforts:

a. Nevada Veterinary Board

b. Nevada Board of Chiropractic Physicians

E. Board Related News

Mr. Pinson reported that the National Governor's Association is now meeting monthly to discuss prescription drug abuse.

Mr. Pinson will be attending the award ceremony at the Governor's Mansion for the Nevada Prescription Drug Prevention Video Contest mentioned at the last meeting.

Mr. Pinson and Lisa Adams attended NASCSA regarding the Prescription Monitoring Program.

F. Activities Report

1. NABP District Meeting

Mr. Pinson reported the NABP District Meeting will be at the Hyatt in Lake Tahoe from September 14 to 17, 2015. Mr. Pinson will be forming a committee to plan an academic program as well as other activities for the meeting.

17. Next Board Meeting:

January 21-22, 2015 – Las Vegas

18. Public Comments

There was no public comment.

Blank

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Banner Family Pharmacy - Chandler

Physical Address: 7300 W Detroit St, Chandler, AZ 85226

Mailing Address: Same

City: _____ State: _____ Zip Code: _____ Telephone: _____

602-747-6441 Fax: 602-747-2170

Toll Free Number: 844-747-6442 (Required per NAC 639.708)

E-mail: wesam.Hammad@Bannerhealth.com Website: www.bannerhealth.com

Managing Pharmacist: Wesam Hammad License Number: S13045

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

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

80563

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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Application form section with checkboxes for ownership types: New Pharmacy, Ownership Change, Publicly Traded Corporation, Partnership, Non Publicly Traded Corporation, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Canyon CARE Rx

Physical Address: 2826 S. Potter Drive, Suite B

Mailing Address: same

City: Tempe State: AZ Zip Code: 85282

Telephone: 855-602-8500 Fax: 602-850-6226

Toll Free Number: 855-307-6886 (Required per NAC 639.708)

E-mail: dgomez@bloodsystems.org Website: canyoncarerx.org

Managing Pharmacist: Dennis Gomez PhD License Number: 5010815

TYPE OF PHARMACY AND SERVICES PROVIDED

Large form section with two columns of checkboxes for pharmacy types (Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other) and services (Off-site Cognitive Services, Parenteral, 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,

79958

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Exact Care Pharmacy LLC

Physical Address: 9445 Rockside Rd

Mailing Address: 9445 Rockside Rd

City: Valley View State: OH Zip Code: 44125

Telephone: 216-362-2200 Fax: 216-362-2201

Toll Free Number: 877-355-7225 (Required per NAC 639.708)

E-mail: TDonnelly@ExactcarePharmacy.com Website: www.ExactcarePharmacy.com

Managing Pharmacist: Aaron Link License Number: 03122513

TYPE OF PHARMACY AND SERVICES PROVIDED

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 checked="" type="checkbox"/> <input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<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 checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
 For the application to be complete

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

78799

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Hemophiliac Support Systems

Physical Address: 5721 Lincoln Avenue, Suite L

Mailing Address: _____

City: Cypress State: CA Zip Code: 90630

Telephone: 714-952-9107 Fax: 714-952-9147

Toll Free Number: 866-439-4366 (Required per NAC 639.708)

E-mail: evan@hssrx.com Website: www.hssrx.com

Managing Pharmacist: Swati Patel License Number: 49074

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,

79139

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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 Application must be printed legibly or typed

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

Physical Address: 1035 Collier Center Way Ste Z Naples, FL 34110

Mailing Address: 12399 S Belcher Rd Ste 140

City: Largo State: FL Zip Code: 33773

Telephone: 239-324-9619 Fax: 239-596-5110

Toll Free Number: 888-321-3571 (Required per NAC 639.708)

E-mail: tesha@advancedreholdings.com Website: _____

Managing Pharmacist: Michael Aquino License Number: PS46485

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

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

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____
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: MedImpact Direct, LLC

Physical Address: 8150 S. Kyrene Road Suite #205, Tempe, AZ 85284

Mailing Address: PO Box 51580

City: Phoenix State: Arizona Zip Code: 85076-1580

Telephone: (855) 873-8739 Fax: (888)783-1773

Toll Free Number: (855) 873-8739 (Required per NAC 639.708)

E-mail: customerservice@MedImpactDirect.com Website: www.medimpactdirect.com

Managing Pharmacist: Donald Dean License Number: S018492

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: Non-Dispensing

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: Limited Services

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

79418

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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Application must be printed legibly or typed

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Application type selection box with checkboxes for New Pharmacy, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, and Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

General information fields including Pharmacy Name, Physical Address, Mailing Address, City, State, Zip Code, Telephone, Fax, Toll Free Number, E-mail, Website, and Managing Pharmacist.

TYPE OF PHARMACY AND SERVICES PROVIDED

Checklist for pharmacy types and services provided, including options for Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, and various compounding services.

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

80564

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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Application must be printed legibly or typed

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New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH03057)
 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: Safeway Pharmacy
 Physical Address: 1751 Highway 95 Bullhead City, AZ 86442
 Mailing Address: same as above
 City: Bullhead City State: AZ Zip Code: 86442
 Telephone: 928-763-1888 Fax: 928-763-5186
 Toll Free Number: 855-798-7267 (Required per NAC 639.708)
 E-mail: sean.duffy@safeway.com Website: www.safeway.com
 Managing Pharmacist: William Tavloff License Number: SO14011

TYPE OF PHARMACY AND SERVICES PROVIDED

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

All boxes must be checked
 For the application to be complete

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

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

Application must be printed legibly or typed

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Application type and ownership options: New Pharmacy, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Script Specialists, Physical Address: 1922 Hwy 22 West Ste B, City: Madsonville, State: LA, Zip Code: 70447, Telephone: 985-792-4377, Fax: 1-855-551-6337, Toll Free Number: 1-855-668-6337, E-mail: scriptspecialists@gmail.com, Managing Pharmacist: DARREN MARTIN, License Number: PST. 016954

TYPE OF PHARMACY AND SERVICES PROVIDED table with checkboxes for Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other, Off-site Cognitive Services, Parenteral, 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,

Handwritten number 78798

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Accu-CARE PHARMACY

Physical Address: 4645 Hwy 6, STE. J

Mailing Address: 4645 Hwy 6, STE. J

City: SUGAR LAND State: TX Zip Code: 77478

Telephone: 832-939-9052 Fax: 281-302-6317

Toll Free Number: 844-584-3644 (Required per NAC 639.708)

E-mail: LICENSING@OMNIPUSHEALTHCARE.COM Website: N/A.

Managing Pharmacist: JAIMSON ABRAHAM License Number: 52468

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 checked="" type="checkbox"/>	<input type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other: _____	<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 checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

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

79158

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.

Application form section with checkboxes for 'New Pharmacy or Ownership Change', 'Publicly Traded Corporation', 'Non Publicly Traded Corporation', 'Partnership', and 'Sole Owner'. Includes instructions to provide current license number and page references.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Alero Health Suite 5

Physical Address: 5 Cedar Brook Drive Cranbury NJ 08512

Mailing Address: 5 Cedar Brook Drive Suite 5 Cranbury NJ 08512

City: Cranbury State: NJ Zip Code: 08512

Telephone: 609-462-4884 Fax: 609-432-2010

Toll Free Number: 844-885-8707 (Required per NAC 639.708)

E-mail: Admin@alerohealth.com Website: N/A

Managing Pharmacist: Reena Desai License Number: 2BR1033B000

TYPE OF PHARMACY AND SERVICES PROVIDED

Large form section with two columns of checkboxes for 'TYPE OF PHARMACY' and 'SERVICES PROVIDED'. Includes instructions: 'All boxes must be checked For the application to be complete'.

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

79138

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.
 Publicly Traded Corporation – Pages 1,2,3,7 **Partnership** - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 **Sole Owner** – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Choice Compounding Pharmacy

Physical Address: 4201 Torrance Blvd. Ste 120

Mailing Address: 4201 Torrance Blvd. Ste 120

City: Torrance State: California Zip Code: 90503

Telephone: 310-543-1111 Fax: 310-543-1114

Toll Free Number: ~~888-888-8888~~ 844-262-3676 (Required per NAC 639.708)

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

Managing Pharmacist: Anna Yamamoto License Number: 55841

TYPE OF PHARMACY AND SERVICES PROVIDED

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

All boxes must be checked
 For the application to be complete

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

81042

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: Custom Care Pharmacy

Physical Address: 7007 W. North Ave.

Mailing Address: 7007 W. North Ave.

City: Oak Park State: Illinois Zip Code: 60302

Telephone: 708-628-5464 Fax: 708 613-4772

Toll Free Number: 1-844-422-7379 (Required per NAC 639.708)

E-mail: vpatel@customcarepharmacy.net Website: customcarepharmacy.net

Managing Pharmacist: Vishali Patel License Number: 051296352

TYPE OF PHARMACY AND SERVICES PROVIDED

<p>Yes/No</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Retail</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Internet</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Community</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____</p> <p>All boxes must be checked For the application to be complete</p>	<p>Yes/No</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____</p>
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**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

80658

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.

[X] 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 [X] 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: PharmEase LLC, DBA Heartland Pharmacy

Physical Address: 3250 E 17th St.

Mailing Address: 1790 Sabin Drive

City: Ammon State: ID Zip Code: 83406

Telephone: 208-552-7677 Fax: 208-552-2103

Toll Free Number: 1-866-552-7677 (Required per NAC 639.708)

E-mail: Andrea@pharmeaservx.com Website: pharmeaservx.com

Managing Pharmacist: Lisa Cowley License Number: P4947

TYPE OF PHARMACY AND SERVICES PROVIDED

- Yes/No
[] [X] Retail
[] [X] Hospital (# beds)
[] [X] Internet
[] [X] Nuclear
[] [X] Ambulatory Surgery Center
[] [X] Community
[X] [] Other: LTC

- Yes/No
[] [X] Off-site Cognitive Services
[] [X] Parenteral **
[] [X] Parenteral (outpatient)
[] [X] Outpatient/Discharge
[X] [] Mail Service
[X] [] Long Term Care
[] [X] Sterile Compounding **
[X] [] Non Sterile Compounding
[] [X] Mail Service Sterile Compounding **
[] [X] Other Services:

All boxes must be checked
For the application to be complete

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

81058

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 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.
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GENERAL INFORMATION

Facility Name: ArthroCare Corporation

Physical Address: 7000 W. William Cannon Drive, Austin, TX 78735

Mailing Address: 7135 Goodlett Farms Parkway Attn: Legal Department

City: Cordova State: TN Zip Code: 38016

Telephone: 512-391-3900 Fax: 512-391-3901

Toll Free Number: 800-797-6520

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

Facility Manager: John Molesphini

Professional qualifications and experience of facility manager: Attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Distributors and government agencies

Type of Products to be handled or wholesaled be firm:

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

78839

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.
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GENERAL INFORMATION

Facility Name: ArthroCare Corporation

Physical Address: 2301 St. Elmo Road, Suite 110, Austin, TX 78744

Mailing Address: 7135 Goodlett Farms Parkway Attn: Legal Department

City: Cordova State: TN Zip Code: 38016

Telephone: 512-895-1300 Fax: 512-391-3901

Toll Free Number: 800-797-6520

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

Facility Manager: Deborah Rutt

Professional qualifications and experience of facility manager: Attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Distributors and government agencies

Type of Products to be handled or wholesaled by firm:

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

78838

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: ArthroCare Corporation

Physical Address: 15285 Alton Parkway, No. 200, Irvine, CA 92618

Mailing Address: 7135 Goodlett Farms Parkway Attn: Legal Department

City: Cordova State: TN Zip Code: 38016

Telephone: 949-585-2400 Fax: 949-585-2401

Toll Free Number: 800-797-6520

E-mail: norman.gordon@smith-nephew.com Website: www.arthrocare.com

Facility Manager: Norman Gordon

Professional qualifications and experience of facility manager: Attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Distributors and government agencies

Type of Products to be handled or wholesaled be firm:

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

788B

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

New Wholesaler Ownership Change
(Please provide current license number if making changes: WH_____)

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

GENERAL INFORMATION

Facility Name: Cetylite Industries, Inc.

Physical Address: 9051 River Road Pennsauken, NJ 08110

Mailing Address: 9051 River Road

City: Pennsauken State: NJ Zip Code: 08110

Telephone: (856) 665-6111 Fax: (856) 665-5408

Toll Free Number: _____

E-mail: registration@cetylite.com Website: www.cetylite.com

Facility Manager: Bruce Epley

Professional qualifications and experience of facility manager: see attached resumé for Bruce Epley, Director of Operations

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled be firm:

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

80560

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: Ceva Animal Health, LLC

Physical Address: 8600 NE Underground Drive, Pillar #303; Kansas City, MO 64161

Mailing Address: 8600 NE Underground Drive, Pillar #303

City: Kansas City State: MO Zip Code: 64161

Telephone: 913-894-0230 Fax: _____

Toll Free Number: _____

E-mail: contact.us@ceva.com Website: www.ceva.us

Facility Manager: Robert Pierce

Professional qualifications and experience of facility manager: See attache resume

Types of licensed outlets or authorized persons firm will serve:

<input type="checkbox"/> Pharmacies	<input type="checkbox"/> Practitioners	<input type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input checked="" type="checkbox"/> Other: <u>Veterinarians</u>			

Type of Products to be handled or wholesaled by firm:

<input type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input checked="" type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input checked="" type="checkbox"/> Other: <u>Veterinarian: OTC, Sold dose, Injectables, Liquids(Oral), Topicals, Vitamins, & Ophthalmics</u>	

80558

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	LLC owned by LP
<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: COVIDIEN SALES LLC

Physical Address: 2824 AIRWEST BOULEVARD, PLAINFIELD, IN 46168-7700

Mailing Address: ATTN/CATHY MEDEIROS, 15 HAMPSHIRE STREET

City: MANSFIELD State: MA Zip Code: 02048-1113

Telephone: 508-261-6083 Fax: 508-261-8461

Toll Free Number: N/A

E-mail: cathy.medeiros@covidien.com Website: www.covidien.com

Facility Manager: Ann Fausset

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: Clinics, other distributors

Type of Products to be handled or wholesaled be firm:

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

78678

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: DPT Lakewood, LLC

Physical Address: 745 Airport Road, Lakewood, NJ 08701

Mailing Address: C/O State License Servicing, Inc. - 321 Route 94 South

City: Warwick State: NY Zip Code: 10990

Telephone: 732-942-4700 Fax: 732-730-3392

Toll Free Number: N/A

E-mail: DPT@SLSNY.COM Website: WWW.DPTLABS.COM

Facility Manager: Jan Rooney

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

<input type="checkbox"/> Pharmacies	<input type="checkbox"/> Practitioners	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Wholesalers
<input checked="" type="checkbox"/> Other: <u>Distributors</u>			

Type of Products to be handled or wholesaled by firm:

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

801659

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: CAPITAL RETURNS INC dba GENCO

Physical Address: 6101 N. 64th St

Mailing Address: _____

City: MILWAUKEE State: WI Zip Code: 53218

Telephone: 414. 459. 8177 Fax: 414. 459. 8677

Toll Free Number: _____

E-mail: shanya.salamaca@genco.com Website: www.genco.com

Facility Manager: RACHAEL YERGES

Professional qualifications and experience of facility manager: over 15 years of direct experience in reverse distribution

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

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

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

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

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: <u>WH 01218</u>)	

<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: ParMed Pharmaceuticals dba Gen-Source Rx

Physical Address: 620 Gotham Parkway, Carlstadt, NJ 07072

Mailing Address: 620 Gotham Parkway

City: Carlstadt State: NJ Zip Code: 07072

Telephone: 716-513-1670 Fax: 716-284-2990

Toll Free Number: N/A

E-mail: dlinza@parmedpharm.com Website: www.parmed.com

Facility Manager: Rommel Morshed

Professional qualifications and experience of facility manager: _____
Responsible for all Inbound, Outbound Operations, Inventory of Control and Non-Controls & Compliance

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

New Wholesaler

Ownership Change

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

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

Partnership - Pages 1,2,3,6

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

Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name: Kuehne + Nagel Inc.

Physical Address: 1025 S. Columbia Road, ^{Suite 110} Plainfield, IN 46168

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

City: Jersey City State: NJ Zip Code: 07302

Telephone: 317-714-4449 Fax: 201-332-6324

Toll Free Number: _____

E-mail: Joe.Gillis@kuehne-nagel.com Website: www.kuehne-nagel.com

Facility Manager: Joseph Gillis

Professional qualifications and experience of facility manager: 11 years of facility management experience in transportation and logistics with 5 of those years in the pharmaceutical and medical device industry. 5 years experience operating under 21 CFR and cGMP.

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: Non legend / OTC medical Devices

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Kuehne + Nagel Inc.

Physical Address: 1651 California street, suite D, Redlands CA 92374

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

City: Jersey city State: NJ Zip Code: 07302

Telephone: 909-767-2936 Fax: 201-332-6324

Toll Free Number: _____

E-mail: Melody.Raines@kuehne-nagel.com Website: www.kuehne-nagel.com

Facility Manager: Melody Raines

Professional qualifications and experience of facility manager: over 10 years experience in Logistics and Distribution facility management including shipment and distribution of pharmaceuticals including Rx Devices.

Types of licensed outlets or authorized persons firm will serve:

<input checked="" type="checkbox"/> Pharmacies	<input checked="" type="checkbox"/> Practitioners	<input checked="" type="checkbox"/> Hospitals	<input checked="" type="checkbox"/> Wholesalers
<input type="checkbox"/> 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: _____	

79178

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION

Facility Name: Medico-Mart, Inc

Physical Address: 2323 Corporate Drive

Mailing Address: - same as above -

City: Waukesha State: WI Zip Code: 53189

Telephone: 262-446-2323 Fax: 262-446-2324

Toll Free Number: 800-242-6248

E-mail: ahabersbrunner@medicomart.com Website: medicomart.com

Facility Manager: Al Habersbrunner

Professional qualifications and experience of facility manager: see attached ref:
Albert P. Habersbrunner

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

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

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

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

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

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input 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: Midwest Medical Supply Co., LLC
Physical Address: 2229 E MAGNOLIA Phoenix, AZ 85034
Mailing Address: 13400 Lakefront Drive EARTH CITY, MO 63045
City: Phoenix State: AZ Zip Code: 85034
Telephone: 602-306-1722 Fax: 602-306-1787
Toll Free Number: 800-777-2634
E-mail: Regulatory1@mmsmedical.com Website: www.mmsmedical.com
Facility Manager: Rocco Di Cola
Professional qualifications and experience of facility manager: Mr. Di Cola has been employed by mms for over 20 years.

Types of licensed outlets or authorized persons firm will serve:

<input type="checkbox"/> Pharmacies	<input checked="" type="checkbox"/> Practitioners	<input type="checkbox"/> Hospitals	<input type="checkbox"/> Wholesalers
<input checked="" type="checkbox"/> Other: <u>HOSPICE PROVIDERS</u>			

Type of Products to be handled or wholesaled by firm:

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

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

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

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

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

<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: Owens & Minor Distribution, Inc.
Physical Address: 437 Tower Blvd.
Mailing Address: same
City: Carol Stream State: IL Zip Code: 60188
Telephone: (630) 588-2800 Fax: (630) 588-2318
Toll Free Number: N/A
E-mail: charles.burr@owens-minor.com Website: www.owens-minor.com
Facility Manager: Bryan Kilby
Professional qualifications and experience of facility manager: Resume Attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Ambulatory Clinics

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: _____

10-K

80660

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 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: RGH Enterprises, Inc.

Physical Address: 384 Hazelwood Logistics Center Drive, Hazelwood, MO 63042

Mailing Address: 7000 Cardinal Place, Attn: Keegan Chamberlain, OCLC 1L2242C

City: Dublin State: OH Zip Code: 43017

Telephone: 314-731-8138 Fax: 614-652-0282

Toll Free Number: 800-321-0591

E-mail: GMB-Facility-Licensing@cardinalhealth.com Website: www.edgepark.com; www.indemed.com

Facility Manager: Jimmie Tomlin

Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled by firm:

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

78679

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 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: Sanofi-aventis U.S. LLC

Physical Address: 50 Stauffer Industrial Park

Mailing Address: 2500 Southpoint Drive Forest Park, GA 30297

City: Taylor State: PA Zip Code: 18517

Telephone: (770) 658-9076 (cell)
(404) 675-3639 (office) Fax: (404) 675-3615

Toll Free Number: N/A

E-mail: rob.matthews@sanofi.com Website: www.sanofi.com

Facility Manager: Anthony Aliberti

Professional qualifications and experience of facility manager: 20 years experience managing pharmaceutical distribution activities

Types of licensed outlets or authorized persons firm will serve:

Pharmacies
 Practitioners
 Hospitals
 Wholesalers
 Other: 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: _____

81079

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"/> LLC
<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: SCA Pharmaceuticals, LLC

Physical Address: 8821 KNOEDL COURT

Mailing Address: SAME

City: LITTLE ROCK State: AR Zip Code: 72205

Telephone: (877) 550-5059 Fax: (501) 312-2805

Toll Free Number: (877) 550-5059

E-mail: g.graves@scausa.net Website: www.scausa.net

Facility Manager: Gene Graves

Professional qualifications and experience of facility manager: PharmD. MBA
President/CEO 40 yrs experience

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies
- Practitioners
- Hospitals
- Wholesalers
- Other: Hospital Pharmacies

Type of Products to be handled or wholesaled by firm:

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

63743

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: Young Dental Manufacturing 1, LLC

Physical Address: 13705 Shoreline Ct. East

Mailing Address: 13705 Shoreline Ct. East

City: Earth City State: MO Zip Code: 63045

Telephone: 314-344-0010 Fax: 314-344-0021

Toll Free Number: _____

E-mail: Smooore@youngdental.com Website: www.youngdental.com

Facility Manager: Sarah Moore

Professional qualifications and experience of facility manager: ~10 years experience with Young Dental. Degree in Chemical Engineering. ~18 years experience in quality assurance and 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)
 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: WH _____)

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

GENERAL INFORMATION

Facility Name: Walgreen Co.

Physical Address: 5100 Lake Terrace, NE Mount Vernon, IL 62864 618-242-9100 phone

Mailing Address: PO Box 901

City: Deerfield State: IL Zip Code: 60015

Telephone: 847-527-4274 Fax: 847-368-6690

Toll Free Number: _____

E-mail: joan.petrovski@walgreens.com Website: _____

Facility Manager: Bill Bush

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: _____

Type of Products to be handled or wholesaled be firm:

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

VAND

81059

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

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

FACILITY INFORMATION

Facility Name: Amerita, Inc. d/b/a Altius Healthcare

Physical Address: 1151 Iron Springs Rd. STE G
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same as above

City: Prescott State: AZ Zip Code: 86305

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

E-mail: compliance@pharmerica.com Website: www.ameritaiv.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: ___ to ___ Tue: ___ to ___ Wed: ___ to ___ Thu: ___ to ___
Fri: ___ to ___ Sat: ___ to ___ Sun: ___ to ___ Holidays: ___ to ___

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jayson Robertson

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 checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosethics |
| <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: Roland Werner

Telephone: 702-871-1930 / 800-921-4700

79318

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: AJT Diabetic Incorporated (d/b/a Countrywide Medical)

Physical Address: 8500 Almeda Genoa Road, Suite 112A, Houston, TX 77075
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8500 Almeda Genoa Road, Suite 112A

City: Houston State: TX Zip Code: 77075

Telephone: 888-391-3341 Fax: 888-391-3347

E-mail: artc@countrywidemed.com Website: www.countrywidemed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10 to 4 Tue: 10 to 4 Wed: 10 to 4 Thu: 10 to 4

Fri: 10 to 4 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Robin Soblick

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

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

**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: Robin Soblick Telephone: 888-391-3341

81041

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: GINGI-PAK, A DIVISION OF THE BELPORT CO., INC.

Physical Address: 4825 CALLE ALTO
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4825 CALLE ALTO

City: CAMARILLO State: CA Zip Code: 93012

Telephone: (805) 484-1076 Fax: (805) 484-5076

E-mail: _____ Website: WWW.GINGI-PAK.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:30 to 5:00 Tue: 7:30 to 5:00 Wed: 7:30 to 5:00 Thu: 7:30 to 5:00

Fri: 8:00 to NOON Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: MARIO NATIVIDAD

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 Prosethics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>DENTAL PRODUCTS</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: _____

79679

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Handi Medical Supply, Inc

Physical Address: 2505 University Ave W, St. Paul, MN 55114
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2505 University Ave W

City: St. Paul State: MN Zip Code: 55114

Telephone: 651-644-9770 Fax: 651-644-0602

E-mail: ctom@insanehandimedical.com Website: www.handimedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 AM to 5 PM Tue: 8 AM to 5 PM Wed: 8 AM to 5 PM Thu: 8 AM to 5 PM
Fri: 8 AM to 5 PM Sat: 9 AM to 3 PM Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Cindy Tomlinson

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

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

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

Name: n/a Telephone: n/a

80562

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: HemaSource Inc.

Physical Address: 4158 West Nike Drive, Suite B

Mailing Address: 4158 West Nike Drive, Suite B

City: West Jordan State: Utah Zip Code: 84088

Telephone: 801-280-5151 Fax: 888-388-4362

Toll Free Number: 888-844-4362

E-mail: kjanes@hemasource.com Website: hemasource.com

Facility Manager: Todd Tracey

Professional qualifications and experience of facility manager: President / CEO

Types of licensed outlets or authorized persons firm will serve:

Pharmacies Practitioners Hospitals Wholesalers
 Other: Plasma Collection 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 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 Non Publicly Traded Corporation – Pages 1,2,3,5	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6 <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: Inspire Medical Equipment & Services, Inc.

Physical Address: 155 Jefferson Blvd, Warwick, RI 02888
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as physical

City: _____ State: _____ Zip Code: _____

Telephone: 401-468-1300 Fax: 401-468-1332

E-mail: katrina.merritt@mont-medical.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8a to 5p EST Tue: 8a to 5p EST Wed: 8a to 5p EST Thu: 8a to 5p EST
Fri: 8a to 5p EST Sat: On call to Sun: On call to Holidays: On call to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Loree Anderson

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input checked="" type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthethics |
| <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: Avremi Metal Telephone: 928-899-6269

81018

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change	(Please provide current license number if making changes: MP or MW _____)
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6	
<input 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: N2SLEEP HOMECARE

Physical Address: 3687 Old Santa Rita Road, Suite 201-202, Pleasanton, CA 94588
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3687 Old Santa Rita Road, Suite 201-202

City: Pleasanton State: CA Zip Code: 94588

Telephone: (925) 730-0081 Fax: (866) 557-5337

E-mail: jtantiongloc@n2sleephomecare.com Website: n2s/eehomecare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: JOHN TANTIONGLOC JR.

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

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" 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>CPAP DEVICES, OXYGEN CONCENTRATORS</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: RODOLFO NAVARRO Telephone: (702) 985-4770
Page 1 985-4770

81039

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 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: Ocean Home Health Supply LLC

Physical Address: 1000 Airport Road, Suite 101
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as physical

City: Lakewood State: NJ Zip Code: 08701

Telephone: 732-961-1301 Fax: 732-961-9897

E-mail: katrina.meritt@mont-medical.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9a to 5p EST Tue: 9a to 5p EST Wed: 9a to 5p EST Thu: 9a to 5p EST

Fri: 9a to 5p EST Sat: On call to Sun: On call to Holidays: On call to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Wendy Russalesi

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

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input checked="" 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: Avremi Metal Telephone: 928-899-6269

81038

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: Regenesis Health Services, Inc.

Physical Address: 1704 Southside Blvd. Ste. 2
(This must be a business address, we can not issue a license to a home address)

Mailing Address: -same-

City: Jacksonville State: FL Zip Code: 32216

Telephone: 904-783-9363 Fax: 888-430-8776

E-mail: jblosser@stjohnsmedicalgroup.com Website: www.stjohnsmedicalgroup.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5:30 Tue: 8 to 5:30 Wed: 8 to 5:30 Thu: 8 to 5:30
Fri: 8 to 5:30 Sat: Closed to Sun: Closed to Holidays: Closed to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: John M. Blosser, Pres. or Maqueitha Davis, Director of Business Ops

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 Prosethics |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

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

Name: _____ Telephone: _____

80038

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 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: RGH Enterprises, Inc.

Physical Address: 384 Hazelwood Logistics Center Drive, Hazelwood, MO 63042
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7000 Cardinal Place, Attn: Keegan Chamberlain, OCLC 1L2242C

City: Dublin State: OH Zip Code: 43017

Telephone: 314-731-8138 Fax: 614-652-0282

E-mail: GMB-Facility-Licensing@cardinalhealth.com Website: www.edgepark.com; www.indemed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30am to 5:00pm Tue: 8:30am to 5:00pm Wed: 8:30am to 5:00pm Thu: 8:30am to 5:00pm

Fri: 8:30am to 6:00pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jimmie Tomlin

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

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

Name: 24-hour emergency number Telephone: 800-321-0591

78698

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 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: Smiths Medical ASD, Inc.

Physical Address: 201 West Queen Street, Southington, CT 06489
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone: 1-860-621-9111 Fax: 1-860-620-5742

E-mail: jeff.bowen@smiths-medical.com Website: www.smiths-medical.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: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jeff Bowen

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>Prescription Medical Devices</u> |

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

Name: N/A Telephone: N/A

79678

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: Smith's Pharmacy # 301

Physical Address: 3013 W. Craig Rd. N. Las Vegas, NV 89032

Mailing Address: 1014 Vine St.

City: Cincinnati State: OH Zip Code: 45202

Telephone: (702) 648-6340 Fax: (702) 648-4571

Toll Free Number: N/A

E-mail: allison.muennich@kroger.com Website: www.smithsfoodanddrug.com

Managing Pharmacist: Charisse Marie Cajuday License Number: 18293

Hours of Operation:

Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
 Sunday 9 am 6 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

80567

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: Smith's Pharmacy # 304

Physical Address: 4001 S Decatur Blvd. Las Vegas, NV 89103

Mailing Address: 1014 Vine St.

City: Cincinnati State: OH Zip Code: 45202

Telephone: (702) 248-6510 Fax: (702) 248-3573

Toll Free Number: N/A

E-mail: allison.muennich@krager.com Website: www.smithsfootanddrug.com

Managing Pharmacist: Jenny Lynn Cross License Number: 17873

Hours of Operation:

Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm

Sunday 9 am 6 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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80568

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

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Smith's Pharmacy # 305
 Physical Address: 3602 E Bonanza Rd. Las Vegas, NV 89110
 Mailing Address: 1014 Vine St.
 City: Cincinnati State: OH Zip Code: 45202
 Telephone: (702) 438-1091 Fax: (702) 438-0742
 Toll Free Number: N/A
 E-mail: allison.mwennich@kraeger.com Website: www.smithsfoodanddrug.com
 Managing Pharmacist: Ma. Perpetua Bernardo Delacruz License Number: 14873

Hours of Operation:

Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
 Sunday 9 am 6 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

80566

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Smith's Pharmacy # 306
 Physical Address: 2255 N. Las Vegas Blvd, North Las Vegas, NV 89030
 Mailing Address: 1014 Vine St.
 City: Cincinnati State: OH Zip Code: 45202
 Telephone: (702) 642-8092 Fax: (702) 642-7096
 Toll Free Number: N/A
 E-mail: allison.muennich@kruger.com Website: www.smithsfoodanddrug.com
 Managing Pharmacist: Paul Anthony House License Number: 18406

Hours of Operation:

Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
 Sunday 9 am 6 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

80570

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

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

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Smith's Pharmacy # 318

Physical Address: 4965 E Sahara Ave. Las Vegas, NV 89104

Mailing Address: 1014 Vine St.

City: Cincinnati State: OH Zip Code: 45202

Telephone: (702) 431-9135 Fax: (702) 431-4327

Toll Free Number: N/A

E-mail: allison.muennich@kroger.com Website: www.smithsfoodanddrug.com

Managing Pharmacist: Shirley Lauren Valenzona-Giannan License Number: 15791

Hours of Operation:

Monday thru Friday 9 am 9 pm Saturday 9 am 6 pm
 Sunday 9 am 6 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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80569

III.

JR ingested the medication for six days. She began to experience severe mood swings and suicidal thoughts.

IV.

JR saw her physician on October 22, 2013. The physician discovered that Partell Pharmacy dispensed Prempro 0.625-5 mg. tablets rather than the Prempro 0.625-2.5 mg. tablets the physician prescribed.

V.

Pharmaceutical technician MA initiated the process of filling JR's prescription. MA could not locate the medication name in the pharmacy computer system. MA gave the prescription to Mr. Asarch. Mr. Asarch checked the shelf, and mistakenly removed the bottle of Prempro 0.625-5 mg. tablets. Mr. Asarch gave the bottle of Prempro 0.625-5 mg. tablets to MA and instructed him to type in the medication as specified on the bottle.

VI.

Mr. Asarch was the verifying pharmacist for JR's prescription. In a written statement, Mr. Asarch indicated that he "forgot" that there were two strengths of Prempro available. He admitted that he gave MA the Prempro bottle containing the incorrect strength and instructed MA to "type it for what I gave him". Mr. Asarch verified the final product without viewing the original prescription.

FIRST CAUSE OF ACTION

VII.

By filling and dispensing JR's prescription with Prempro 0.625-5 mg. tablets, rather than Prempro 0.625-2.5 mg. tablets as prescribed, Daniel Asarch violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), and/or (12), and NRS 639.255.

SECOND CAUSE OF ACTION

VIII.

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

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

Signed this 10th day of September, 2014.


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

NOTICE TO RESPONDENTS

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
)	
Petitioner,	)	CASE NO. 13-076-RPH-S
v.)	
)	
DANIEL ASARCH Certificate of Registration No. 16477	)	STATEMENT TO THE RESPONDENT
	)	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 10th day of September, 2014.



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

1 **BEFORE THE NEVADA STATE BOARD OF PHARMACY**

2 **NEVADA STATE BOARD OF PHARMACY,**)

3)
4 **Petitioner,**)

CASE NO. 13-076-RPH-S
CASE NO. 13-076-PH-S

5 **v.**)

6 **PARTELL PHARMACY WEST**)
7 **Certificate of Registration No. PH02671**)

ANSWER AND
NOTICE OF DEFENSE

8 **Respondent.** /

9 Respondents, Daniel Asarch, R. PH. and Partell Pharmacy West (“Respondents”), in
10 answer to the Notice of Intended Action and Accusation filed in the above-entitled matter
11 before the Nevada State Board of Pharmacy, declares:

12 1. That Respondents’ objections to the Notice of Intended Action and Accusation
13 as being incomplete or failing to state clearly the charges against them, is hereby interposed
14 on the following grounds:

15 (a) There is no basis to conclude that the “severe mood swings and suicidal
16 thoughts” allegedly experienced by patient JR were caused by taking Prempro 0.625-5 mg.
17 tablets;

18 (b) The Notice of Intended Action and Accusation alleges that
19 pharmaceutical technician MA (“MA”) gave the prescription to Mr. Asarch after he was not
20 able to locate the medication in the pharmacy computer, but fails to state whether MA’s
21 actions were in compliance with the established policies and procedures of Partell Pharmacy
22 West;

23 (c) The Notice of Intended Action and Accusation alleges that MA was
24 instructed to type in the medication as specified on the bottle, but fails to state whether this
25



Howard & Howard, Attorneys PLLC
3800 Howard Hughes Pkwy., Suite 1000
Las Vegas, NV 89169
(702) 257-1483

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Las Vegas, NV 89169
(702) 257-1483

1 was in compliance with the established policies and procedures of Partell Pharmacy West or
2 whether MA was to compare the bottle to the prescription; and

3 (d) The allegations are based upon a written statement from Mr. Asarch
4 which has not been provided to Respondents.
5

6 2. That, in answer to the Notice of Intended Action and Accusation, Respondents
7 admit, deny, and allege as follows:

8 Respondents generally deny each and every allegation contained in the Notice of
9 Intended Action and Accusation and further deny that any disciplinary action is warranted.
10

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

13 DATED this 29th day of September, 2014.

14 **HOWARD & HOWARD ATTORNEYS PLLC**

15
16
17
18 

19 KIMBERLY P. STEIN, ESQ.
20 Nevada Bar No. 8675
21 3800 Howard Hughes Pkwy., Ste. 1000
22 Las Vegas, Nevada 89169
23 *Attorney for Respondents Daniel Asarch, R.P.H.*
24 *and Partell Pharmacy West*
25
26
27
28

PROOF OF SERVICE

I, Stephanie George, declare:

I am a citizen of the United States and employed in Las Vegas, Nevada. I am over the age of eighteen years and not a party to the within-entitled action. My business address is 3800 Howard Hughes Parkway, Suite 1000, Las Vegas, NV 89169. On September 29, 2014, I served a copy of the within document(s): ANSWER AND NOTICE OF DEFENSE

by transmitting via facsimile the document(s) listed above to the fax number(s) set forth below on this date before 5:00 p.m.

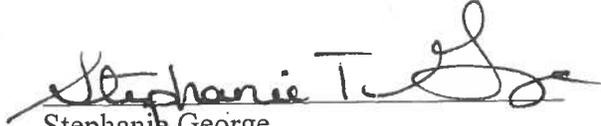
X by placing the document(s) listed above in a sealed envelope with postage thereon fully prepaid, in the United States mail at Las Vegas, Nevada addressed as set forth below.

by placing the document(s) listed above in a sealed envelope and affixing a prepaid air bill, and causing the envelope to be delivered to a Federal Express agent for overnight delivery.

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

I declare under penalty of perjury under the laws of the State of Nevada that the above is true and correct.

Executed on September 29, 2014, at Las Vegas, Nevada.


Stephanie George

Howard & Howard, Attorneys PLLC
3800 Howard Hughes Pkwy., Suite 1000
Las Vegas, NV 89169
(702) 257-1483

Howard & Howard, Attorneys PLLC
3800 Howard Hughes Pkwy., Suite 1000
Las Vegas, NV 89169
(702) 257-1483

1 was in compliance with the established policies and procedures of Partell Pharmacy West or
2 whether MA was to compare the bottle to the prescription; and

3 (d) The allegations are based upon a written statement from Mr. Asarch
4 which has not been provided to Respondents.
5

6 2. That, in answer to the Notice of Intended Action and Accusation, Respondents
7 admit, deny, and allege as follows:

8 Respondents generally deny each and every allegation contained in the Notice of
9 Intended Action and Accusation and further deny that any disciplinary action is warranted.
10

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

13 DATED this 29th day of September, 2014.

14 **HOWARD & HOWARD ATTORNEYS PLLC**

15
16
17
18 

19 KIMBERLY P. STEIN, ESQ.

20 Nevada Bar No. 8675

21 3800 Howard Hughes Pkwy., Ste. 1000

22 Las Vegas, Nevada 89169

23 *Attorney for Respondents Daniel Asarch, R.P.H.*
24 *and Partell Pharmacy West*
25
26
27
28

1 **PROOF OF SERVICE**

2 I, Stephanie George, declare:

3
4 I am a citizen of the United States and employed in Las Vegas, Nevada. I am over
5 the age of eighteen years and not a party to the within-entitled action. My business address is
6 3800 Howard Hughes Parkway, Suite 1000, Las Vegas, NV 89169. On September 29,
7 2014, I served a copy of the within document(s): **ANSWER AND NOTICE OF DEFENSE**

8
9 by transmitting via facsimile the document(s) listed above to the fax number(s)
set forth below on this date before 5:00 p.m.

10
11 **X** by placing the document(s) listed above in a sealed envelope with postage
thereon fully prepaid, in the United States mail at Las Vegas, Nevada addressed
12 as set forth below.

13 by placing the document(s) listed above in a sealed envelope and affixing a pre-
14 paid air bill, and causing the envelope to be delivered to a Federal Express agent
for overnight delivery.

15 Nevada State Board of Pharmacy
16 431 W. Plumb Lane
17 Reno, Nevada 89509

18 I declare under penalty of perjury under the laws of the State of Nevada that the above
19 is true and correct.

20 Executed on September 29, 2014, at Las Vegas, Nevada.

21
22 
23 Stephanie George

Howard & Howard, Attorneys PLLC
3800 Howard Hughes Pkwy., Suite 1000
Las Vegas, NV 89169
(702) 257-1483

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JOSEPH EDWARDS, RPH
Certificate of Registration No. 09858

RIDLEY'S CLINIC PHARMACY
Certificate of Registration No. PH02113

Respondents.

) NOTICE OF INTENDED ACTION
) AND ACCUSATION

) CASE NO. 14-033-RPH-N
) 14-033-PH-N

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because Respondent Joseph Edwards (Mr. Edwards) is a pharmacist licensed by the Board, and Respondent Ridley's Clinic Pharmacy (Ridley's) is a pharmacy licensed by the Board.

II.

This Case involves two prescriptions, both for seventy-six-year-old patient J.C.¹ J.C.'s daughter, S.C., filed complaints with the Board on behalf of her father. In the complaints, S.C. alleges that Ridley's filled and dispensed two (2) prescriptions for her father incorrectly within a three week period.

¹ The pharmacy errors at issue herein were originally investigated as two cases: Case Nos. 14-033 and Case No. 14-042. Those investigations are consolidated as a single case, No. 14-033, for purposes of prosecution.

III.

At the time of both sets of errors alleged herein, Ridley's allowed its pharmacists and pharmaceutical technicians to share computer terminals without requiring each individual who used a terminal to log on or off using his/her own individualized credentials. Due to this practice, the initials of the individual who first signs into a computer terminal each day usually remains in the computer throughout the shift, or all day, and that individual's initials attach to each completed transaction.

1. **PRESCRIPTION NO. 55084907 - GLIMEPIRIDE 4 MG. TABLETS**

IV.

On April 17, 2014, J.C. saw his physician, who prescribed glimepiride 4 mg. tablets with instructions to take one tablet twice a day for the treatment of diabetes.

V.

S.C. presented the prescription to Ridley's, which filled it later that day. S.C. picked up J.C.'s prescription the following afternoon.

VI.

Prescription No. 55084907 was a new prescription for J.C. The pharmacist did not provide counseling.

VII.

When S.C. returned home, she observed that beneath the pharmacy's label for glimepiride 4 mg. tablets, the label on the stock bottle was for doxazosin 4 mg. tablets (used to treat high blood pressure and/or urinary retention associated with benign prostatic hyperplasia).

VIII.

S.C. detected the error before J.C. ingested the incorrect medication.

IX.

S.C. returned the medication to Ridley's pharmacy, where respondent Mr. Edwards filled the prescription with the correct medication and label and gave it to S.C.

X.

Pharmaceutical technician Julie Valdez performed the data entry of J.C.'s glimepiride prescription. She confirmed to the Board Investigator that her initials were on the prescription label attached to the reverse of the original prescription.

XI.

Ms. Valdez maintains that her initials indicate that she completed the data entry, label printing, and staging of the stock bottle and associated materials for the pharmacist.

XII.

Respondent Mr. Edwards was the verifying and dispensing pharmacist for J.C.'s prescription.

XIII.

In a written statement, Mr. Edwards states that a new pharmaceutical technician in training had been misplacing the stock bottles of glimepiride 4 mg. tablets behind the doxazosin 4 mg. tablets on the pharmacy shelf. The doxazosin is located directly two shelves above the glimepiride, and the bottles look similar. Mr. Edwards assumes, per his statement, that he pulled a misplaced stock bottle of doxazosin from the shelf to fill J.C.'s prescription.

XIV.

Mr. Edwards failed to detect the error when verifying the final product.

XV.

Pharmacy records indicate that Mr. Edwards did not provide patient counseling.

2. **PRESCRIPTION NO. 55086070 - HYDROCODONE/APAP 5-325 MG.**

XVI.

On May 9, 2014, patient J.C. saw Dr. Valerie Miller, who prescribed hydrocodone/APAP 5-325 mg. for a quantity of one-hundred and fifty tablets with instructions to take one tablet by mouth every four hours as needed for pain. J.C.'s daughter, S.C., presented the prescription to Ridley's, which filled it later that day.

XVII.

J.C. ingested three to four tablets per day as instructed for approximately 10 days.

XVIII.

On or about May 19, 2014, J.C. began to complain of dizziness and nausea. S.C. recalled that J.C. had previously taken hydrocodone/APAP 5-325 mg. tablets without negative side effects.

XIX.

S.C. checked J.C.'s medication sheet against the label on the medication bottle. She discovered that the label read hydrocodone/APAP 10-325 mg. tablets (twice the prescribed dose of hydrocodone). S.C. reported the error to the pharmacy and received the correct medication later that day.

XX.

By the time S.C. discovered the filling error, J.C. had ingested approximately thirty-six (36) doses of the erred medication.

XXI.

On the afternoon of May 9, 2014, the day Ridley's misfilled prescription No. 55086070, Ridley's pharmacy staff consisted of respondent Joseph Edwards, the managing pharmacist, pharmaceutical technician Julie Valdez and Scottie Leshner, a pharmaceutical technician in training.

XXII.

The label affixed to J.C.'s original hydrocodone medication bottle filled on May 9, 2014, identifies the inputting pharmaceutical technician as Ms. Leshner. Due to Ridley's computer log-in and log-out procedures at the time, it is unclear from the computer records who actually initiated the processing of the prescription. The process was likely initiated by Ms. Valdez, or Ms. Leshner, as Mr. Edwards rarely entered data, and was not familiar with the basic computer functions such as selecting a drug from a drop-down list or retrieving a patient's drug profile.

XXIII.

Mr. Edwards performed the filling, labeling and final verification of the prescription. He failed to detect that he filled the prescription with hydrocodone/APAP 10-325 mg. rather than the prescribed hydrocodone/APAP 5-325 mg. tablets.

XXIV.

S.C. picked up the prescription later that day. There is no record of counseling.

XXV.

During the investigation of these misfills, the Board Investigator learned that the pharmaceutical technicians at Ridley's were unaware that counseling is required for new prescriptions, or that technicians could not offer counseling.

XXVI.

During the Board investigation, Ridley's could not locate the original hard-copy of the prescription, and the original record of prescription number 55086070 filled on May 9, 2014, no longer existed in the pharmacy computer system.

XXVII.

The Board Investigator learned that upon notification of the prescription error, Mr. Edwards instructed Ms. Leshner to "fix" the record for prescription number 55086070. Ms. Leshner removed any reference of the filling error of May 9, 2014, and replaced the record with details of the corrected fill of May 19, 2014.

XXVIII.

During the process of "correcting" the record for prescription No. 55086070, the original hard-copy of the prescription was lost or destroyed. In an effort to replace that prescription, a substitute prescription was obtained from a different prescriber, Dr. Nancy Baker, on or about June 27, 2014.

XXIX.

The prescription written by Dr. Baker was back-dated to May 9, 2014, and written for hydrocodone/APAP 5-325 mg., quantity one-hundred and fifty (150) tablets, with instructions to take one to two tablets by mouth every four to six hours.

XXX.

The Board Investigator learned that Ridley's district manager, Cathi Ketterling, instructed Mr. Edwards to obtain another hard-copy of the original prescription. The Board Investigator was not able to establish how Mr. Edwards obtained the prescription written by Dr. Baker.

FIRST CAUSE OF ACTION

(Prescription No. 55084907 – Glimepiride 4 mg. tablets)

XXXI.

In failing to strictly follow the instructions of J.C.'s physician by verifying and dispensing doxazosin 4 mg. tablets, rather than the glimepiride 4 mg. tablets that was prescribed, Respondent Joseph Edwards violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (11), (12), and/or (15), and NRS 639.255.

SECOND CAUSE OF ACTION

(Prescription No. 55084907 – Glimepiride 4 mg. tablets)

XXXII.

In failing to provide counseling for J.C.'s new prescription, Respondent Joseph Edwards violated NAC 639.707(1)(a), NAC 639.945(1)(i) and/or NRS 639.266(1), which violations are grounds for action pursuant to NRS 639.210(4), (11), (12), and/or (15), and NRS 639.255.

THIRD CAUSE OF ACTION

(Prescription No. 55084907 – Glimepiride 4 mg. tablets)

XXXIII.

As the pharmacy in which the violations alleged above occurred, Ridley's Clinic Pharmacy is statutorily responsible for the actions of respondent Joseph Edwards' and its other pharmacy

employees, as alleged herein, pursuant to NAC 639.945(2), which is grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

FOURTH CAUSE OF ACTION
(Prescription No. 55086070 – Hydrocodone/APAP 5-325 mg.)

XXXIV.

In failing to strictly follow the instructions of J.C.'s physician by verifying and dispensing hydrocodone/APAP 10-325 mg. rather than the prescribed hydrocodone/APAP 5-325 mg. tablets, Respondent Joseph Edwards violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), (12), and/or (15), and NRS 639.255.

FIFTH CAUSE OF ACTION
(Prescription No. 55086070 – Hydrocodone/APAP 5-325 mg.)

XXXV.

In failing to provide counseling for J.C.'s new prescription, Respondent Joseph Edwards violated NAC 639.707(1)(a), NAC 639.945(1)(i) and/or NRS 639.266(1), which violations are grounds for action pursuant to NRS 639.210(4), (11), (12), and/or (15), and NRS 639.255.

SIXTH CAUSE OF ACTION
(Prescription No. 55086070 – Hydrocodone/APAP 5-325 mg.)

XXXVI.

In removing, or directing a pharmacy technician to remove, the original fill record for prescription number 55086070, respondent Joseph Edwards violated NAC 639.910(1) and (2) and/or NAC 639.945(1)(h) and (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively under NRS 639.255.

SEVENTH CAUSE OF ACTION
(Prescription No. 55086070 – Hydrocodone/APAP 5-325 mg.)

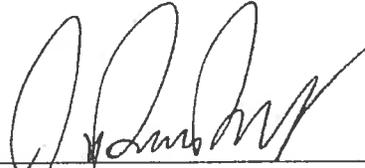
XXVII.

As the pharmacy in which the violations alleged above occurred, Ridley's Clinic Pharmacy is statutorily responsible for the actions of respondent Joseph Edwards' and its other pharmacy

employees, as alleged herein, pursuant to NAC 639.945(2), which are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), and NRS 639.255.

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

Signed this 21 day of October, 2014.



J. David Wuest, Pharm.D.,
Deputy Executive Secretary for and on behalf of
Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

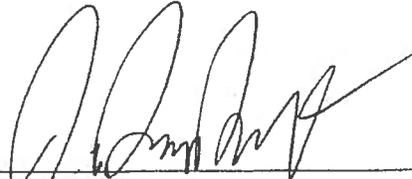
NOTICE TO RESPONDENT

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

IV.

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

DATED this 21 day of October, 2014.



J. David Wuest, Pharm.D.,
Deputy Executive Secretary for and on behalf of
Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	ANSWER AND
	)	NOTICE OF DEFENSE
Petitioner,)	
v.)	
)	
RIDLEY'S CLINIC PHARMACY	)	CASE NO. 14-033-PH-N
Certificate of Registration No. PH02113)	
)	
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 October, 2014.

Type or print name

Authorized Representative For
Ridley's Clinic Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SCOTT MICHAEL HARRINGTON, R.PH.
Certificate of Registration No. 16023

SMITH'S PHARMACY #394
Certificate of Registration No. PH01525

Respondents.

) CASE NOS. 14-064-RPH-S
) 14-064-PH-S
)
) NOTICE OF INTENDED ACTION
) AND ACCUSATION



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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Scott Harrington, Certificate of Registration No.16023, was a registered pharmacist with the Board, and Respondent Smith's Pharmacy #394, Certificate of Registration No. PH01525 (Smith's), was a pharmacy registered with the Board.

II.

On or about September 6, 2014, it came to the Board's attention that pharmaceutical technician-in-training Valerie Jensen was working at Smith's without a valid pharmaceutical technician-in-training registration.

III.

Board Staff requested Ms. Jensen's work hours from January 2014 through September 2014, from Smith's managing pharmacist, Scott Harrington. From the records provided, Board Staff ascertained that Ms. Jensen had worked at Smith's approximately one-hundred and fifty (150) days from February 8, 2014 through August 12, 2014, without a valid pharmaceutical technician-in-training registration.

IV.

In a written statement, Mr. Harrington indicated that Smith's previously employed Ms. Jensen for sixteen years as a pharmaceutical technician in Utah. At the time that Mr. Harrington hired her in early February 2014, Ms. Jensen had a valid and active Utah pharmaceutical technician license. Mr. Smith informed Ms. Jensen upon hire that she needed to submit a pharmaceutical technician-in-training application and \$40.00 fee to the Nevada State Board of Pharmacy.

V.

On February 10, 2014, Mr. Harrington went on vacation. Upon his return to work on February 27, 2014, Ms. Jensen was performing pharmaceutical technician duties. Mr. Harrington assumed that Ms. Jensen's pharmaceutical technician-in-training application had been approved and processed by the Board Office. Mr. Harrington did not follow-up with Ms. Jensen or the Board Office to verify if Ms. Jensen was registered.

VI.

On September 6, 2014, Mr. Harrington received Smith's annual inspection packet from the Board Office. Ms. Jensen's name was not included on the list of pharmaceutical technicians/trainees. Mr. Harrington contacted the Board Office and was informed that Ms. Jensen was not registered and could not be in the pharmacy performing pharmaceutical technician duties. Mr. Harrington immediately sent Ms. Jensen home.

FIRST CAUSE OF ACTION

VII.

As managing pharmacist for the pharmacy in which Valerie Jensen worked without a current pharmaceutical technician in training registration, Scott Harrington violated Nevada Revised Statute (NRS) 639.220(1) by failing to ensure Smith's Pharmacy's compliance with state law and regulations, in particular, Nevada Administrative Code (NAC) 639.945(1)(i) and/or (j), which violations are grounds for discipline pursuant to NRS 639.210(4), (11), (12) and/or (15), or alternatively, under NRS 639.255, as well as NAC 639.955.

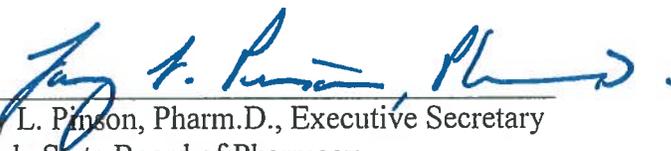
SECOND CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which Valerie Jensen worked without a current pharmaceutical technician-in-training registration, Smith's Pharmacy #394 violated NRS 639.220(1) by failing to be in compliance with state law and regulations, in particular, NAC 639.945(1)(i), (j) and/or (2), which violations are grounds for discipline pursuant to NRS 639.210(4), (11) and/or (12), or alternatively, under NRS 639.255, as well as NAC 639.955.

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

Signed this 17th day of December, 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.

III.

The Board has reserved Wednesday, January 21, 2015, 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 17th day of December, 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. 14-064-RPH-S
)
Petitioner,)
v.) ANSWER AND
) NOTICE OF DEFENSE
SCOTT MICHAEL HARRINGTON, R.P.H.)
Certificate of Registration No. 16023)
)
Respondent /

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

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



2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows: AGAIN I would like to make it clear to the NV Board of Pharmacy that it was never my intention to allow VALERIE JENSEN to work as a TECH or TECH-IN-TRAINING WITHOUT OBTAINING THE PROPER CERTIFICATION. During the hiring process of VALERIE JENSEN, I informed her about the 1 page Application and \$40.00 money order that would be required to obtain the TECH-IN-TRAINING CERTIFICATE. I helped VALERIE JENSEN fill out the 1 page Application and she told me that she was going to buy the money order and drop all required items in the mail that day. The letter containing the items never reached the NV BOP. The attempt was made, but the end result was the letter never arrived to be processed. Upon returning from vacation, I worked with VALERIE JENSEN and she was already performing the duties of a Pharmacy TECH-IN-TRAINING. At that time I assumed VALERIE JENSEN'S LETTER/PACKET HAD BEEN PROCESSED AT THE NV BOP. I HAD MADE AN ERROR OF JUDGEMENT AND I SHOULD HAVE FOLLOWED UP WITH THE NV BOP TO BE 100% SURE HER APPLICATION WAS PROCESSED. I AM TERRIBLY SORRY THAT I DID NOT DO THAT. I FEEL AWFUL FOR LETTING THIS MATTER SLIP RIGHT BY ME. I CANNOT APOLOGIZE ENOUGH.

I would like the NV BOP to take into consideration that I have been a licensed Pharmacist since March 1998, and I have an impeccable track record with the State of Ohio and Nevada. This is the first time I have ever had to answer to any Board of Pharmacy regarding an issue.

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 23 day of DECEMBER, 2014.


SCOTT MICHAEL HARRINGTON, R.PH.

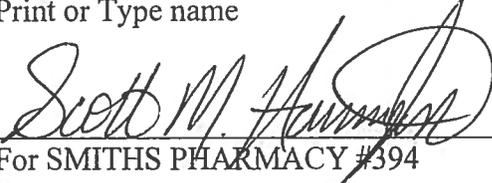
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2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows: I AM THE PHARMACY MANAGER FOR SMITH'S FOOD & DRUG #394 AND I AM NOT ABLE TO REACH MY IMMEDIATE SUPERVISOR(S) TAMMY MYXTER OR BONNIE BRANDT DUE TO THE HOLIDAY SEASON. DUE TO THE TIME OF 15 DAYS TO COMPLETE AND RETURN THIS PACKET, I AM GOING TO ANSWER AND RESPOND ON BEHALF OF SMITH'S PHARMACY. ONCE MY IMMEDIATE SUPERVISORS RETURN FROM THE HOLIDAY SEASON, I WILL BE ABLE TO SPEAK TO THEM AND INFORM THEM THAT I COMPLETED THIS PACKET AND RETURNED IT IN A TIMELY MANNER TO AVOID FURTHER COMPLICATIONS BY NOT RETURNING THE PACKET WITHIN 15 DAYS AS REQUIRED. I SPOKE TO PAUL EDWARDS AT THE NV BOP TODAY (12-23-2014) AND EXPLAINED THAT NEITHER BONNIE BRANDT NOR TAMMY MYXTER WERE AVAILABLE TO REACH OR TALK TO. I TOLD PAUL I WOULD FILL OUT AND MAIL BACK ALL REQUIRED DOCUMENTS TO MAKE SURE THE DOCUMENTS REACHED THE NV BOP WITHIN THE REQUIRED 15 DAYS. ONCE TAMMY AND/OR BONNIE WERE AVAILABLE, PAUL COULD SPEAK TO THEM AT THAT TIME.

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 23 day of DECEMBER, 2014.

SCOTT M. HARRINGTON
Print or Type name


For SMITHS PHARMACY #394



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 14-084-PT-S
Petitioner,)	
)	
v.)	
)	
SHERRILYN DEFREECE, PT	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PT02080	)	AND ACCUSATION
)	
)	
Respondent.)	
	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Sherrilyn Defreese (Ms. Defreese), Certificate of Registration No. PT02080, is a registered pharmaceutical technician with the Board.

I. ALLEGATIONS REGARDING NON-COMPLIANCE WITH BOARD ORDER IN CASE NO. 13-025-PT-S

II.

On July 24, 2013, Ms. Defreese appeared before the Board for violations related to working without a valid registration (Case No. 13-025-PT-S). Ms. Defreese did not renew her pharmaceutical technician registration, which expired on October 31, 2012. She continued to work without a current registration as a pharmaceutical technician at Advanced Care Rx Pharmacy 2 for approximately ninety-four (94) days during the period of November 2, 2012 and April 12, 2013.

III.

On August 2, 2013, the Board entered a Findings of Fact, Conclusion of Law and Order in the case of Sherrilyn Defreese. In its Order, the Board fined Ms. Defreese \$750.00 and ordered her to complete one (1) hour of continuing education (CE) related to the topic of ethics, in addition to the regularly required CE courses she is obligated to complete.

IV.

On January 16, 2014, Ms. Defreese contacted Board Staff via email requesting a payment plan to pay the fine. Board Staff approved her request to monthly installments of \$100.00. Ms. Defreese mailed the first payment of \$100.00 on January 17, 2014, and agreed to submit a \$100.00 payment on the 16th of each month thereafter until the fine was paid in full. Ms. Defreese did not make any further monthly payments following the January 17, 2014 payment.

V.

On July 18, 2014, Board Staff telephonically contacted Ms. Defreese and reminded her that the fine and CE unit were past due. Ms. Defreese spoke with Paul Edwards, General Counsel to the Board. Mr. Edwards informed Ms. Defreese that she had thirty days to comply with the Board Order. Mr. Edwards agreed to adjust the monthly payments to \$75.00 with the next payment due no later than August 18, 2014.

VI.

Ms. Defreese failed to submit any further monthly payments to the Board Office nor did she provide documentation that she completed the Board ordered CE.

II. **ALLEGATIONS REGARDING NON-DISCLOSURE OF BOARD ACTION ON RENEWAL APPLICATION FOR THE BIENNIAL PERIOD NOVEMBER 1, 2014, TO OCTOBER 31, 2016**

VII.

On October 29, 2014, Ms. Defreese renewed her pharmaceutical technician registration for the biennial period ending October 31, 2016. Ms. Defreese renewed her registration utilizing the Board's online feature.

VIII.

Ms. Defreece did not disclose on the online renewal application that she had been the subject of a disciplinary action. Ms. Defreece falsely answered “No” to question 2, which asked, “Been the subject of a board citation or an administrative action whether completed or pending in any state?”, and “No” to question 3, which asked, “Had your license [been] subjected to any discipline for violation of pharmacy or drug laws in any state?”

FIRST CAUSE OF ACTION

IX.

By failing to fully comply with the terms and conditions of the Board Order in Case No. 13-025-PT-S, Sherrilyn Defreece violated Nevada Administrative Code (NAC) 639.945(1)(l), which violation is grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1) and/or (4), and NRS 639.255.

SECOND CAUSE OF ACTION

X.

By falsely answering questions 2 and 3 on her online renewal application that she has not been the subject of a board citation, an administrative action and/or any discipline against her pharmaceutical technician registration, Sherrilyn Defreece is guilty of unprofessional conduct, as that term is defined in NAC 639.945(1)(h), which violation is grounds for action pursuant to NRS 639.210(4), and NRS 639.255. Ms. Defreece’s false statements are also grounds for discipline pursuant to NRS 639.210(9) and (10), as well as NRS 639.255.

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

Signed this 17th day of December, 2014.


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

NOTICE TO RESPONDENT

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

IV.

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

DATED this 17th day of December, 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. 14-084-PT-S
Petitioner,)	
v.)	
	)	ANSWER AND
SHERRILYN DEFREECE	)	NOTICE OF DEFENSE
Certificate of Registration No. PT02080)	
)	
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.

Sherrilyn Defreese, PT

IV.

The laboratory test results were positive for alcohol. Ms. Macias' blood alcohol level was 0.232. Mr. Winslow provided Board Staff a copy of Ms. Macias' positive test result.

FIRST CAUSE OF ACTION

V.

By testing positive for alcohol while on duty at her employing pharmacy, Breanna Macias is subject to discipline by the Board pursuant to Nevada Revised Statute (NRS) 639.210(1), (3) and/or (4), as well as NRS 639.255.

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

Signed this 17th day of December, 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.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 14-085-PT-S
)	
Petitioner,	)	STATEMENT TO THE RESPONDENT
v.	)	NOTICE OF INTENDED ACTION
	)	AND ACCUSATION
BREANNA COLENE MACIAS, PT	)	RIGHT TO HEARING
Certificate of Registration No. PT06911)	
)	
)	
Respondent.)	
	/	

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

I.

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

II.

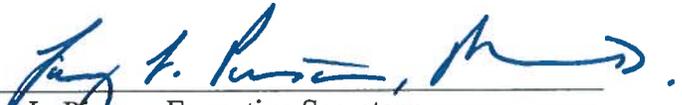
You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of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

The Board has reserved Wednesday, January 21, 2015, 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 17 day of December, 2014.



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

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

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

DATED this ____ day of _____, 2014.

BREANNA COLENE MACIAS, PT



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 14-086-RPH-S
Petitioner,)	
v.)	
)	
JAIME CORDOBA-HERNANDEZ, R.PH.	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 17533	)	AND ACCUSATION
)	
)	
Respondent.)	
	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Jaime Cordoba-Hernandez (Mr. Cordoba-Hernandez), Certificate of Registration No. 17533, is a registered pharmacist with the Board.

II.

On February 1, 2013, the Board entered a Findings of Fact, Conclusion of Law and Order in the case of Mr. Cordoba-Hernandez (Case No. 12-056-RPH-S). In its Order, the Board revoked Mr. Cordoba-Hernandez’s pharmacist license for violations related to the filling and dispensing of a dangerous drug without a lawful prescription. Mr. Cordoba-Hernandez created and filled fraudulent prescriptions for Procrit for a cyclist friend who used the Procrit to increase his cycling endurance.

III.

At the March 5, 2014 Board meeting, Mr. Cordoba-Hernandez appeared and requested

reinstatement of his pharmacist license. The Board reinstated Mr. Cordoba-Hernandez's license subject to a two year probation with the requirement that Mr. Cordoba-Hernandez attend the Board's meetings in Las Vegas for one year.

IV.

Subsequent to the Board's March 2014 Order, Mr. Cordoba-Hernandez attended one Board meeting on April 17, 2014, in Las Vegas, Nevada.

V.

In July 2014, Mr. Cordoba-Hernandez informed Board Staff that he had moved to New York. Board Staff agreed to allow Mr. Cordoba-Hernandez to attend the New York Board of Pharmacy (New York Board) meetings in order to comply with the condition set forth by the Board as a term of his probation. Board Staff made arrangements with the New York Board to monitor Mr. Cordoba-Hernandez's attendance.

VI.

On November 19, 2014, the New York Board informed Board Staff that Mr. Cordoba-Hernandez has not attended the New York Board meetings as required.

FIRST CAUSE OF ACTION

VII.

By failing to fully comply with the terms and conditions of his probation as set forth by the Board at the March 5, 2014 Board meeting, Jaime Cordoba-Hernandez is guilty of unprofessional conduct as that term is defined in Nevada Administrative Code (NAC) 639.945(1)(I), which violation is grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(1) and/or (4), and NRS 639.255.

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

Signed this 17th day of December, 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.

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 17th day of December, 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,)
)
) **Petitioner,**) **CASE NO. 14-086-RPH-S**
)
) **v.**)
) **ANSWER AND**
) **NOTICE OF DEFENSE**
)
) **JAIME CORDOBA-HERNANDEZ, R.PH.**)
) **Certificate of Registration No. 17533**)
)
) **Respondent**)
 _____ /

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

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

NONE

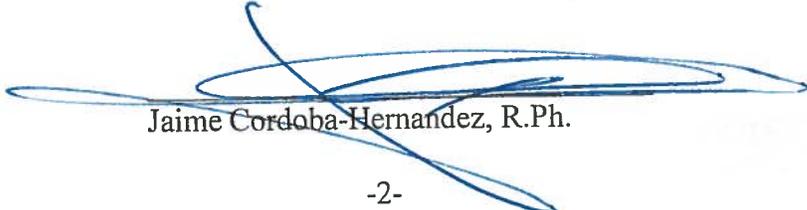
DEC 29 2014

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

PLEASE SEE ATTACHED LETTER

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 26 day of DECEMBER, 2014.



Jaime Cordoba-Hernandez, R.Ph.

December 26th, 2014

To: Nevada Board of pharmacy.

I just returned to the USA after a trip back to my country - Costa Rica, in Central America. I was so surprised to receive your Notice of Intended Action and Accusation.

I realize that I have failed to comply with the terms of my probation. I am not trying to blame any one, but would like to explain my circumstances as I never wanted anything but to fulfill my obligations and get my license reinstated.

I have called numerous times to The New York Department of Education who is processing my Pharmacist License Transfer. When I ask about any upcoming NY Pharmacy Board meetings, I am always told to talk directly to the NY Board of Pharmacy. Every time I have spoken to The NY Board of Pharmacy, the answer has been that they don't know the date of any upcoming meetings yet and that I should check online. When checking online I am unable to find anything posted on The NY Pharmacy Board website. The only time I was aware of a meeting, in September, I was told that it was a closed doors meeting but it wasn't a public one for me to attend.

I acknowledge that I should have been more proactive and I should have asked or contacted someone else. I also should have told you about the situation, but I always believed that I would find the dates of the meetings and attend.

I had been planning a trip back to Costa Rica for a few weeks with my children and I thought that I would be able to fulfill the requirements in the coming year before my probation time was over. I absolutely, unequivocally thought I had that opportunity.

I have stated before that I absolutely want to be able to practice my profession in this country again and it is why I am still here trying to make it happen. I haven't been able to bring home a decent salary to support my family since I was terminated from Smith's Food and Drugs in August of 2012.

I have actively been looking for a pharmacist position here in Buffalo, and have sat down with two companies, knowing that my license transfer will come soon. I have been upfront with what happened to me in Nevada as it is stipulated in our probational agreement.

I am trying to say that I didn't want this to happen, I will do anything to repair this mistake.

I understand that my lack of initiative has gotten me into a deeper problem with the NV board of pharmacy.

I acknowledge that I have been very irresponsible but with no intention of lack of respect for my probation. I understood and, without any reservations, was totally willing to do what was necessary for me to get my license back. I was unaware of the meeting on November 19th but can still get a meeting in. I was under the impression that I needed to attend these meetings but I was unaware that I missed that first one.

I must be more proactive and I wish to apologize for my actions, or lack of actions, that led us to this situation.

Thank you for your understanding.

Sincerely,



Jaime Cordoba Hernandez
Rph Lic # 17533

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AMERICAN SPECIALTY PHARMACY.

Physical Address: 501 S RANCHO DR. UNIT G 46 LAS VEGAS
NV 89106

Mailing Address: 2743 W. 15th STREET

City: PLANO State: TX Zip Code: 75075

Telephone: 702-508-2100 Fax: 702-508-2110

Toll Free Number: _____

E-mail: bharatp@asprx.com Website: info@asprx.com.

Managing Pharmacist: Darshak Tanna License Number: 18795

Hours of Operation:

Monday thru Friday 9 am 7 pm Saturday 10 am 2 pm

Sunday - am - pm 24 Hours NO

TYPE OF PHARMACY

SERVICES PROVIDED

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

80098

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

ABDUL HAMEED

Print Name of Authorized Person

Date

Board Use Only

Received: 12-16-14 Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: TEXAS.

Parent Company if any: NA.

Corporation Name: AMERICAN SPECIALTY PHARMACY INC.

Mailing Address: 2743 W. 15th STREET

City: PLANO State: TX Zip: 75075

Telephone: 734-218-1641 Fax: 214-919-2091.

Contact Person: ABDUL HAMEED

For any corporation non publicly traded, disclose the following:

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

a) ABDUL HAMEED 3619 CRESCENT AVE. DALLAS TX
Name Address 75205

b) NA
Name Address

c) NA
Name Address

d) NA
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the New Applicationstab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

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

I, ABDUL HAMEED.

Responsible Person of AMERICAN SPECIALTY PHARMACY INC.

hereby acknowledge and understand that in addition to the corporation, 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, 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, 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

Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: TANNA, DARSHAK K.

License #: 18795

Pharmacy Name: AMERICAN SPECIALTY 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



174089



1008



PH02570



0801R

DO NOT FOLD OR STAPLE ABOVE THIS LINE

Nevada State Board of Pharmacy - 431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

Renewal Application - PHARMACY

For the period of November 1, 2014 to October 31, 2016

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$500.00 (postmarked on or before 10/31/2014) OR \$750.00 (postmarked after 10/31/2014)

LICENSE: PH02570

Please make any changes to name or address next to the old information

CALIFORNIA PHARMACY & COMPOUNDING CENTER

4000 BIRCH ST #120,
Newport Beach, CA 92660

RENEW BY MAIL

1. Complete this form
2. Sign and date this form
3. Send payment with this form (do **NOT** staple)
4. Mail **original** form and payment to address above
5. **NO COPIES OR STAMPS ACCEPTED**

<OR>

RENEW ONLINE

1. Go to <http://bop.nv.gov>
2. Click "Applications " then, "License Renewal"
3. Follow instructions
4. Use **USER ID: QUESTIONS@CA-RX.COM**
PASSWORD: *****

***New Users: once logged in, when asked for OLD password, use the above password, then change**

Section 1: Since your last renewal or recent licensure has any owner or shareholder: (Fill in completely) Yes No

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....

If you marked YES to any of the questions (1-3) above, include the following information & provide documentation:

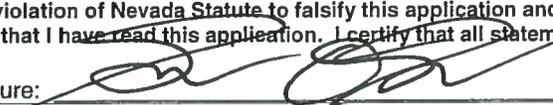
Board Administrative Action:	State	Date:	Case #:		
(pending)	CA	3/27/2014	AC201200462800 (case report enclosed)		
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

Section 2: CAUTIONS

- (1.) Nevada has **no grace period**. All applications postmarked by the US Postal Service after October 31, 2014 that are NOT accompanied by the late fee, will be returned and will be assessed the late fee, delaying processing.
- (2.) Any application that is not 100% complete will be returned and will not be considered to have been received. **Only completed applications will be processed.**
- (3.) If you have a Nevada State Business license, please provide the # _____

Section 3:

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature:  Date: 10 / 01 / 14

1 KAMALA D. HARRIS
Attorney General of California
2 JAMES M. LEDAKIS
Supervising Deputy Attorney General
3 MARICHELLE S. TAHIMIC
Deputy Attorney General
4 State Bar No. 147392
110 West "A" Street, Suite 1100
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6 San Diego, CA 92186-5266
Telephone: (619) 645-3154
7 Facsimile: (619) 645-2061
Attorneys for Complainant

8
9 **BEFORE THE**
BOARD OF PHARMACY
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 4628

12 **CALIFORNIA PHARMACY AND**
COMPOUNDING CENTER
13 4000 Birch Street, Suite 120
14 Newport Beach, CA 92660

A C C U S A T I O N

15 **Pharmacy Permit No. PHY 49828**
Sterile Compounding License No. LSC
16 **99542**

17 and

18 **DAVID JOSEPH SCHAPIRO**
14501 Larch Avenue
19 Irvine, CA 92606

20 **Pharmacist License No. RPH 26704**

21 Respondents.

22
23 Complainant alleges:

24 **PARTIES**

25 1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity
26 as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

27 2. On or about April 1, 2009, the Board of Pharmacy issued Pharmacy Permit Number
28 PHY 49828 to California Pharmacy and Compounding Center (Respondent). The Pharmacy

1 Permit was in full force and effect at all times relevant to the charges brought herein and will
2 expire on April 1, 2014, unless renewed.

3 3. On or about April 2, 2009, the Board of Pharmacy issued Sterile Compounding
4 License Number LSC 99542 to California Pharmacy and Compounding Center (Respondent).
5 The Sterile Compounding License was in full force and effect at all times relevant to the charges
6 brought herein and will expire on April 1, 2014, unless renewed.

7 4. On or about July 16, 1970, the Board of Pharmacy issued Pharmacist License
8 Number RPH 26704 to David Joseph Schapiro (Respondent). The Pharmacist License was in full
9 force and effect at all times relevant to the charges brought herein and will expire on July 31,
10 2013, unless renewed. Respondent Schapiro was the Pharmacist-In-Charge ("PIC") of CPCC and
11 has been the PIC since April 1, 2009.

12 JURISDICTION

13 5. This Accusation is brought before the Board of Pharmacy (Board), Department of
14 Consumer Affairs, under the authority of the following laws. All section references are to the
15 Business and Professions Code unless otherwise indicated.

16 6. Section 4300 of the Code states:

17 (a) Every license issued may be suspended or revoked.

18 (b) The board shall discipline the holder of any license issued by the board,
19 whose default has been entered or whose case has been heard by the board and
found guilty, by any of the following methods:

20 (1) Suspending judgment.

21 (2) Placing him or her upon probation.

22 (3) Suspending his or her right to practice for a period not exceeding one
23 year.

24 (4) Revoking his or her license.

25 (5) Taking any other action in relation to disciplining him or her as the
board in its discretion may deem proper.

26 . . .

27 (e) The proceedings under this article shall be conducted in accordance with
28 Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the
Government Code, and the board shall have all the powers granted therein. The

1 action shall be final, except that the propriety of the action is subject to review
2 by the superior court pursuant to Section 1094.5 of the Code of Civil Procedure.

3 7. Section 4300.1 of the Code states:

4 The expiration, cancellation, forfeiture, or suspension of a board-issued
5 license by operation of law or by order or decision of the board or a court of
6 law, the placement of a license on a retired status, or the voluntary surrender of
7 a license by a licensee shall not deprive the board of jurisdiction to commence
8 or proceed with any investigation of, or action or disciplinary proceeding
9 against, the licensee or to render a decision suspending or revoking the license.

10 STATUTORY AND REGULATORY PROVISIONS

11 8. Section 4022 of the Code states

12 Dangerous drug" or "dangerous device" means any drug or device unsafe
13 for self-use in humans or animals, and includes the following:

14 (a) Any drug that bears the legend: "Caution: federal law prohibits
15 dispensing without prescription," "Rx only," or words of similar import.

16 (b) Any device that bears the statement: "Caution: federal law restricts
17 this device to sale by or on the order of a _____," "Rx only," or words of
18 similar import, the blank to be filled in with the designation of the practitioner
19 licensed to use or order use of the device.

20 (c) Any other drug or device that by federal or state law can be lawfully
21 dispensed only on prescription or furnished pursuant to Section 4006."

22 9. Section 4040 of the Code states in part:

23 (a) "Prescription" means an oral, written, or electronic transmission order
24 that is both of the following:

25 (1) Given individually for the person or persons for whom ordered that
26 includes all of the following:

27 (A) The name or names and address of the patient or patients.

28 (B) The name and quantity of the drug or device prescribed and the
directions for use.

(C) The date of issue.

(D) Either rubber stamped, typed, or printed by hand or typeset, the
name, address, and telephone number of the prescriber, his or her license
classification, and his or her federal registry number, if a controlled
substance is prescribed.

(E) A legible, clear notice of the condition or purpose for which the
drug is being prescribed, if requested by the patient or patients.

(F) If in writing, signed by the prescriber issuing the order, or the
certified nurse-midwife, nurse practitioner, physician assistant, or

1 naturopathic doctor who issues a drug order pursuant to Section 2746.51,
2 2836.1, 3502.1, or 3640.5, respectively, or the pharmacist who issues a
3 drug order pursuant to either Section 4052.1 or 4052.2.

4 (b) Notwithstanding subdivision (a), a written order of the prescriber for a
5 dangerous drug, except for any Schedule II controlled substance, that contains
6 at least the name and signature of the prescriber, the name and address of the
7 patient in a manner consistent with paragraph (2) of subdivision (a) of Section
8 11164 of the Health and Safety Code, the name and quantity of the drug
9 prescribed, directions for use, and the date of issue may be treated as a
10 prescription by the dispensing pharmacist as long as any additional information
11 required by subdivision (a) is readily retrievable in the pharmacy. In the event
12 of a conflict between this subdivision and Section 11164 of the Health and
13 Safety Code, Section 11164 of the Health and Safety Code shall prevail.

14 (c) "Electronic transmission prescription" includes both image and data
15 prescriptions. "Electronic image transmission prescription" means any
16 prescription order for which a facsimile of the order is received by a pharmacy
17 from a licensed prescriber. "Electronic data transmission prescription" means
18 any prescription order, other than an electronic image transmission prescription,
19 that is electronically transmitted from a licensed prescriber to a pharmacy.

20
21
22 10. Section 4071 of the Code states:

23 Notwithstanding any other provision of law, a prescriber may authorize his or
24 her agent on his or her behalf to orally or electronically transmit a prescription
25 to the furnisher. The furnisher shall make a reasonable effort to determine that
26 the person who transmits the prescription is authorized to do so and shall record
27 the name of the authorized agent of the prescriber who transmits the order.

28 11. Section 4076 of the Code states in part:

(a) A pharmacist shall not dispense any prescription except in a container
that meets the requirements of state and federal law and is correctly labeled
with all of the following:

(1) . . . either the manufacturer's trade name of the drug or the generic
name and the name of the manufacturer. Commonly used abbreviations may be
used. Preparations containing two or more active ingredients may be identified
by the manufacturer's trade name or the commonly used name or the principal
active ingredients.

(2) The directions for the use of the drug.

(3) The name of the patient or patients.

(4) The name of the prescriber . . .

(5) The date of issue.

(6) The name and address of the pharmacy, and prescription number or

other means of identifying the prescription.

(7) The strength of the drug or drugs dispensed.

(8) The quantity of the drug or drugs dispensed.

(9) The expiration date of the effectiveness of the drug dispensed.

(10) The condition for which the drug was prescribed if requested by the patient and the condition is indicated on the prescription. . . .

12. Section 4110 of the Code states in part:

(a) No person shall conduct a pharmacy in the State of California unless he or she has obtained a license from the board. A license shall be required for each pharmacy owned or operated by a specific person. A separate license shall be required for each of the premises of any person operating a pharmacy in more than one location. The license shall be renewed annually. The board may, by regulation, determine the circumstances under which a license may be transferred. . . .

13. Section 4113 of the Code states in part:

(a) Every pharmacy shall designate a pharmacist-in-charge and, within 30 days thereof, shall notify the board in writing of the identity and license number of that pharmacist and the date he or she was designated.

...

(c) The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

....

14. Section 4169 of the Code states in part:

(a) A person or entity may not do any of the following:

(1) Purchase, trade, sell, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler or pharmacy.

...

(3) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were misbranded, as defined in Section 111335 of the Health and Safety Code. . . .

15. Section 4301 of the Code states in part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency. . . .

16. Section 11164 of the Health and Safety Code states in part:

Except as provided in Section 11167, no person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section.

...

(b)(1) Notwithstanding paragraph (1) of subdivision (a) of Section 11162.1, any controlled substance classified in Schedule III, IV, or V may be dispensed upon an oral or electronically transmitted prescription, which shall be produced in hard copy form and signed and dated by the pharmacist filling the prescription or by any other person expressly authorized by provisions of the Business and Professions Code. Any person who transmits, maintains, or receives any electronically transmitted prescription shall ensure the security, integrity, authority, and confidentiality of the prescription. . . .

17. Section 111330 of the Health and Safety Code states, "Any drug or device is misbranded if its labeling is false or misleading in any particular."

18. Section 111335 of the Health and Safety Code states, "Any drug or device is misbranded if its labeling or packaging does not conform to the requirements of Chapter 4 (commencing with Section 110290)."

19. Section 111340 of the Health and Safety Code states:

Any drug or device is misbranded unless it bears a label containing all of the following information:

(a) The name and place of business of the manufacturer, packer, or distributor.

(b) An accurate statement of the quantity of the contents in terms of weight, measure, or numerical count.

Reasonable variations from the requirements of subdivision (b) shall be permitted. Requirements for placement and prominence of the information and exemptions as to small packages shall be established in accordance with regulations adopted pursuant to Section 110380.

1 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
2 enforcement of the case.

3 DRUGS

4 26. Releana®, a brand name for human chorionic gonadotropin is a Schedule III
5 controlled substance pursuant to Health and Safety Code section 11056(f)(32) and is a dangerous
6 drug pursuant to Business and Professions Code section 4022.

7 27. Valium/Flexeril/lidocaine suppository is a compounded product containing a
8 combination of the following ingredients: cyclobenzaprine (Flexeril), diazepam (Valium) and
9 lidocaine. It is a Schedule IV controlled substance as designated by Health and Safety Code
10 Section 11057(d)(9), and is a dangerous drug pursuant to Business and Professions Code section
11 4022. It is used as a muscle relaxant.

12 FACTS

13 28. At all times mentioned herein, Respondent Schapiro was the PIC of Respondent
14 California Pharmacy and Compounding Center (hereinafter "CPCC"). On or about November 4,
15 2010, the Board received a telephone complaint from J.S. alleging CPCC filled a prescription
16 "without the dosage." On December 14, 2010, the Board received an anonymous complaint that
17 CPCC was involved in the illegal practice of compounding and selling an oral preparation of
18 human chorionic gonadotropin ("HCG"), which was being sold under the trade name of
19 "Releana."

20 29. On or about January 11, 2011, an inspector for the Board conducted an inspection of
21 CPCC following the receipt of these complaints concerning the pharmacy, which is further
22 described below.

23 30. On or about August 20, 2010, a prescription was faxed to CPCC for J.S. for sixty
24 vaginal suppositories of Valium/Flexeril/lidocaine. The prescription appeared to be signed by
25 S.S., a physician's assistant. The prescription showed it was faxed from a fax machine with the
26 name and telephone number of J.S. to CPCC. CPCC filled the prescription on the same day
27 under prescription number RX 652991. CPCC dispensed twelve suppositories of a compounded
28 medication containing "cyclo/diaz/lido" (cyclobenzaprine/diazepam/lidocaine). A duplicate label

1 provided by Respondent Schapiro showed the drug dispensed was "cyclo/diaz/lido" 10/5/62.5 mg
2 suppository and the prescriber was identified as Dr. M.C., not S.S.

3 31. There was no notation that CPCC ensured the security, integrity and/or authority of
4 the prescription by verifying the prescription with the prescriber. Likewise, there was no notation
5 CPCC attempted to determine whether J.S. was authorized by PA S.S. to transmit the prescription
6 on behalf of PA S.S. nor that J.S. was so authorized by PA S.S.

7 32. During the inspection of CPCC on January 11, 2011, Respondent Schapiro explained
8 that CPCC reached an exclusive agreement with Millenium Medical Spa ("Millenium") to
9 compound Releana®. Millenium was located in Newport Beach, California and was not licensed
10 with the Board as a pharmacy or wholesaler in California. Millenium held the patent for
11 Releana®, a medication containing the human chorionic gonadotropin ("HCG") as an active
12 ingredient. HCG formulations are used to facilitate weight loss and body contouring. According
13 to Respondent Schapiro, Millenium was responsible for marketing Releana® and receiving orders
14 from physicians throughout the country for Respondent CPCC to fill. Millenium processed the
15 orders and invoiced the physicians. Millenium then e-mailed the order form and a "Prescription
16 Fill-in Form" to CPCC. The Prescription Fill-in Form contained prescriptions written for each
17 patient and is further described in paragraph 34(c), below.

18 33. According to Respondent Schapiro, after CPCC received a prescription for Releana®
19 by e-mail, CPCC processed the prescription, compounded the Releana® vehicle, which is a
20 proprietary formula, and packaged the HCG in a separate container. CPCC dispensed the
21 medication in a Ziploc bag with a prescription label with the patient's name, prescription number,
22 the instruction to "Use as directed by physician," the prescribing physician, the date dispensed
23 and the expiration date. Releana® was dispensed in the form of a small vial containing the HCG
24 powder and a larger bottle containing the Releana® vehicle, a buffered solution. The medication
25 was shipped to the prescribing physician's office where the medication was mixed by the
26 physician and the larger container was dispensed to the patient. Millenium paid CPCC for all
27 materials and dispensing fees.

28

1 34. In addition to physicians in California, Millenium sold Releana® to physicians in
2 Alabama, Arizona, Florida, Georgia, Hawaii, Iowa, Illinois, Indiana, Maryland, Missouri,
3 Mississippi, Nebraska, Nevada, New York, Ohio, Oklahoma, South Carolina, Texas, Virginia and
4 Washington. Respondent CPCC compounded the medication for dispensing to physicians in
5 these states.

6 35. On March 8, 2011, Board inspectors conducted further investigation of CPCC's
7 practice regarding dispensing Releana®. The process by which Releana® was ordered was as
8 follows:

9 a. The physician ordered Releana® from Millenium. The order form was faxed to
10 Millenium along with the prescriptions for Releana® written on a prescription form with the
11 Releana® logo.

12 b. The order was processed by Millenium. A packing slip was generated with the
13 quantity purchased, the payment method (credit card name) and the amount due from the
14 prescriber.

15 c. Millenium then e-mailed the following documents to CPCC:

16 i) the packing slip with Releana®'s logo for the quantity ordered and addressed to
17 the physician;

18 ii) an order form with the name, address and telephone number of the physician, the
19 description of the drug ("human chorionic gonadotropin proprietary formula") and the
20 quantity ordered; and,

21 iii) a Prescription Fill-in Form with the prescriber's information and two columns of
22 five boxes to fill in the patient's name, address, telephone number, the pre-printed
23 description of the drugs as "Human Chorionic Gonadotropin proprietary formula" and
24 quantity to either select from "[1], [2], or [3]" or to fill in. The prescription form did not
25 state the date each prescription was written nor the strength of the drug.

26 36. CPCC's Drug Recall Report for Releana® showed that CPCC dispensed 5958
27 prescriptions for Releana® from October 1, 2010 to March 8, 2011. Thirty patients from the
28

1 Drug Recall Report were randomly selected and their Patient Drug Histories from March 8, 2010
2 to March 8, 2011 and prescriptions for Releana® were reviewed by Board inspectors.

3 37. The Drug Histories and Releana® prescriptions for the following patients were
4 reviewed:

Patient initials	Prescriber's initials	Releana® Rx Number	Date dispensed
K.C.	D.T.	Not available ¹	Not available
G.D.	A.H.	623609	11/12/2009
E.T.	R.G.	672251	2/22/2011
M.W.	D.I.	662399	12/29/2010
M.F.	F.V.	662302	12/28/2010
D.G.	N.L.	650860	7/26/2010
A.K.	D.B.	655068	9/10/2010
H.M.	D.D.	652872	8/20/2010
G.M.	L.E.	655753	9/21/2010
B.C.	H.M.	661771	12/16/2010
P.C.	S.E.	635667	3/8/2010
Q.W.	S.B.	658717	11/1/2010
D.R.	R.W.	630300	1/26/2010
L.P.	J.B.	658030	10/21/2010
L.D.	J.W.	658261	10/26/2010
V.F.	T.P.	670762	1/31/2011
M.E.	L.K.	632162	2/9/2010
K.D.	A.T.	660151	11/18/2010
B.F.	P.M.	645830	6/1/2010

26 _____
27 ¹ According to K.C.'s Patient Drug History, seven prescriptions for Releana® were
28 dispensed for this patient. However, a sample Releana® prescription was not provided to the
Board inspectors. A prescription for testosterone was provided instead.

1	T.F.	G.J.	657118	10/11/2010
2	C.C.	G.J.	657120	10/11/2010
3	Patient initials	Prescriber's initials	Releana® Rx Number	Date dispensed
4	D.C.	U.K.	647200	6/15/2010
5	J.B.	T.L.	656880	10/8/2010
6	S.B.	M.S.	656960	10/8/2010
7	A.A.	D.P.	631816	2/8/2010
8	A.B.	H.S.	633855	2/24/2010
9	D.A.	A.D.	660830	12/2/2010
10	B.A.	E.M.	634248	2/26/2010
11	J.A.	A.D.	660833	12/2/2010
12	P.A.	R.C.	670879	2/1/2011

13

14 38. A review of the original prescriptions revealed that the Releana® prescriptions for
15 each patient were cut out from the prescription form sent by Millenium to CPCC and affixed to a
16 blank telephone prescription pad. A date was stamped on the prescription pads that appeared to
17 be the date the prescriptions were filled. The prescriptions contained the name and address of the
18 patient, the pre-printed drug name "human chorionic gonadotropin proprietary formula" and the
19 provider's signature. The prescriptions did not have the strength of HCG and the quantity
20 prescribed was specified in units of "1", "2" or "3." There were no notations on the prescriptions
21 indicating the pharmacist verified the prescriptions with the physicians since the prescriptions
22 were electronically received from Millenium instead of from the prescribing physicians. Many of
23 the prescribing physicians were located out of the state of California.

24 39. Affixed to the prescriptions were the prescription backer labels. The backer labels
25 indicated the prescription number assigned, the patient's name, the physician's name, the drug
26 dispensed (Releana – Chorionic Gonadotropin), the quantity, the instruction "Use as Directed by
27 Physician," and notations with CPCC's compounding lot number for the product dispensed and
28

1 the pharmacist's initials. The prescription backer label did not state the concentration, volume or
2 weight of the active ingredient nor the quantity of the drug dispensed. Prescriptions labels that
3 were duplicates of the prescription labels on the drug containers were also obtained. The
4 duplicate prescription labels did not state the concentration, volume or weight of the active
5 ingredient nor the quantity of the drug dispensed.

6 **FIRST CAUSE FOR DISCIPLINE**

7 **AGAINST CALIFORNIA PHARMACY AND COMPOUNDING CENTER**

8 **AND DAVID JOSEPH SCHAPIRO**

9 **(Violation of Pharmacy Law – Failure to Ensure Integrity of Prescription)**

10 40. Respondents CPCC and Schapiro are subject to discipline pursuant to Code section
11 4301, subdivisions (j) and (o), for violating Code section 4071 and Health and Safety Code
12 section 11164 in that Respondents failed to ensure the security, integrity and/or authority of J.S.'s
13 prescription by failing to verify the prescription with the prescribing physician, as more fully set
14 forth in paragraphs 29 – 30, which are incorporated by this reference as though set forth in full
15 herein.

16 **SECOND CAUSE FOR DISCIPLINE**

17 **AGAINST CALIFORNIA PHARMACY AND COMPOUNDING CENTER**

18 **AND DAVID JOSEPH SCHAPIRO**

19 **(Violation of Pharmacy Law - Erroneous and Uncertain Prescriptions)**

20 41. Respondents CPCC and Schapiro are subject to discipline pursuant to Code section
21 4301, subdivisions (j) and (o), for violating Code section 4040; title 16, CCR, section 1761; and,
22 Health and Safety Code section 11164. Respondents compounded and/or dispensed prescriptions
23 for Releana® containing significant errors, omissions, irregularities and/or uncertainties as more
24 fully set forth in paragraphs 29 – 38, which are incorporated by this reference as though set forth
25 in full herein, and as follows:

26 a. The prescriptions for Releana® did not specify the quantity to dispense, the directions
27 for use and the date the prescription was issued.

1 manufacturer, packer or distributor and they did not specify the quantity of the contents of each of
2 the two containers sold in terms of weight or measure, as is more fully set forth in paragraphs 29–
3 38, which are incorporated by this reference as though set forth in full herein.

4 **FIFTH CAUSE FOR DISCIPLINE**

5 **AGAINST CALIFORNIA PHARMACY AND COMPOUNDING CENTER**

6 **AND DAVID JOSEPH SCHAPIRO**

7 **(Dispensing Incorrectly Labeled Prescriptions)**

8 44. Respondents CPCC and Schapiro are subject to discipline pursuant to Code section
9 4301, subdivision (o) for violation of section 4076, subdivision (a)(7) and (8) and title 16, CCR,
10 1735.4, for dispensing incorrectly labeled Releana® prescriptions in that Respondents dispensed
11 Releana® with prescription labels that did not state the concentration or strength of the active
12 ingredient nor the quantity of the drug dispensed, either in volume, weight or numerical count, as
13 is more fully set forth in paragraphs 29 – 38, which are incorporated by this reference as though
14 set forth in full herein.

15 **SIXTH CAUSE FOR DISCIPLINE**

16 **AGAINST CALIFORNIA PHARMACY AND COMPOUNDING CENTER**

17 **AND DAVID JOSEPH SCHAPIRO**

18 **(Aiding or Abetting Millenium in Sale of Controlled Substances)**

19 45. Respondents CPCC and Schapiro are subject to discipline pursuant to Code section
20 4301, subdivision (o) for assisting in or abetting the violation of Code section 4110 by Millenium,
21 in that Millenium sold Releana® to physicians in California, among other states, without having a
22 license as a pharmacy or wholesaler in the State of California, as more fully set forth in
23 paragraphs 29 – 38 and incorporated by this reference as though set forth in full herein.

24 **PRAYER**

25 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
26 and that following the hearing, the Board of Pharmacy issue a decision:

27 1. Revoking or suspending Pharmacy Permit Number PHY 49828 issued to California
28 Pharmacy and Compounding Center;

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2. Revoking or suspending Sterile Compounding License Number LSC 99542 issued to California Pharmacy and Compounding Center;

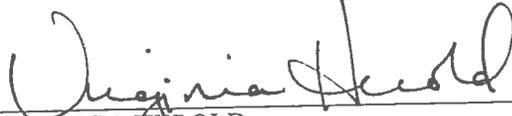
3. Revoking or suspending Pharmacist License Number RPH 26704 issued to David Joseph Schapiro;

4. Ordering California Pharmacy and Compounding Center to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;

5. Ordering David Joseph Schapiro to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

6. Taking such other and further action as deemed necessary and proper.

DATED: 3/27/14


VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

SD2013805160/70730133.doc

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.....DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

Nevada State Board of Pharmacy - 431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

Renewal Application - PHARMACY

For the period of November 1, 2014 to October 31, 2016

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$500.00 (postmarked on or before 10/31/2014) OR \$750.00 (postmarked after 10/31/2014)

LICENSE: PH02236
DIAMONDBACK DRUGS
7631 E INDIAN SCHOOL RD,
Scottsdale, AZ 85251

Please make any changes to name or address next to the old information

RENEW BY MAIL

1. Complete this form
2. Sign and date this form
3. Send payment with this form (do **NOT** staple)
4. Mail **original** form and payment to address above
5. **NO COPIES OR STAMPS ACCEPTED**

<OR>

RENEW ONLINE

1. Go to <http://bop.nv.gov>
2. Click "Applications" then, "License Renewal"
3. Follow instructions
4. Use **USER ID:**
DIAMONDBACKDRUGS@QWEST.NET
PASSWORD: *****

***New Users: once logged in, when asked for OLD password, use the above password, then change**

Section 1: Since your last renewal or recent licensure has any owner or shareholder: (Fill in completely) **Yes No**

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....

If you marked YES to any of the questions (1-3) above, include the following information & provide documentation:

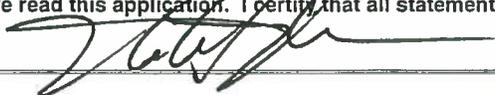
Board Administrative Action:	State	Date:	Case #:		
RENEWAL OF LICENSE BY RECIPROCALITY	NC	5/13/14			
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

Section 2: CAUTIONS

- (1.) Nevada has no grace period. All applications postmarked by the US Postal Service after October 31, 2014 that are NOT accompanied by the late fee, will be returned and will be assessed the late fee, delaying processing.
- (2.) Any application that is not 100% complete will be returned and will not be considered to have been received. Only completed applications will be processed.
- (3.) If you have a Nevada State Business license, please provide the # N/A

Section 3:

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature:  Date: 9/15/14



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834
Phone: (916) 574-7900
Fax: (916) 574-8618
www.pharmacy.ca.gov

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

July 2, 2014

Members of the Board of Pharmacy
Jack W. Campbell IV, Executive Director
North Carolina Board of Pharmacy
6015 Farrington Road, Suite 201
Chapel Hill, North Carolina 27517

RE: Michael Richard Blaire, RPh - Lic. No. 45547
CI 2012 53997

Dear Members of the Board and Mr. Campbell:

I have been asked by counsel for Mr. Blaire to provide clarification of whether issuance of a citation by the California Board of Pharmacy ("Board") or payment of a fine is a form of discipline against a licensee.

Please be advised that the California Board considers issuance of a citation to be an administrative action. The board does not consider issuance of a citation to be discipline. If a hearing is not requested to contest the citation, payment of any fine does not constitute an admission of the action charged in the citation. Payment of the fine is not reportable and is not reflected as discipline on the licensee's verification.

Disciplinary cases are not initiated with a citation. Rather, discipline cases are initiated with an accusation and follow a different track than citation cases.

Please contact me with any questions.

Sincerely,

A handwritten signature in black ink that reads "Virginia Herold". The signature is written in a cursive style with a large initial "V".

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy

BEFORE THE NORTH CAROLINA BOARD OF PHARMACY

In The Matter Of:

Reciprocity Application of
MICHAEL RICHARD BLAIRE

)
)
)
)
)

ORDER DENYING
RECIPROCITY

THIS MATTER came before the North Carolina Board of Pharmacy (“Board”) concerning the application of Michael Richard Blaire (“Petitioner”) to reciprocate a license to practice pharmacy. This matter was heard on May 13, 2014 by the Board located at 6015 Farrington Rd., Suite 201, Chapel Hill, North Carolina, before Board members Minton, Marks, McLaughlin, Chesson, Day, and Mixon. Having heard the evidence presented and assessed the credibility of the testifying witnesses, the Board makes the following:

FINDINGS OF FACT

1. Petitioner holds a license to practice pharmacy in New York, which he seeks to reciprocate to North Carolina.
2. Petitioner also holds a license to practice pharmacy in California. His principal place of practice is Diamondback Drugs in Scottsdale, Arizona.
3. As part of the reciprocity application process, Petitioner submitted a National Association of Boards of Pharmacy Official Application for Transfer of a Pharmacy License (“NABP Application”). Question 2 of the NABP Application’s Professional History section asked: “Has your pharmacist license in any jurisdiction ever been revoked, suspended, restricted, terminated or otherwise been subject to disciplinary action (public or private) by any board of pharmacy or other state authority?” Petitioner’s response to this question was “No.”

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4. Petitioner's signature on the NABP application "affirm[ed]" under oath that he had "read the foregoing paragraphs and the information therein is complete, true, and correct. I understand that any false statements made by me in this Application may be punishable by law."

5. Also as part of the reciprocity application process, Petitioner submitted a North Carolina Board of Pharmacy Reciprocity Data Questionnaire. Question 7 on that document asks "Have you at any point in your licensure as a pharmacist been charged by any Board of Pharmacy on matters which could have produced an action on your license? Any and all actions taken against your license must be disclosed regardless of when the action was taken. This includes any pending actions." Petitioner's response to this question was "Yes." Petitioner further stated on the application: "License cited by the State of California for wholesaling medications without a wholesale license. No disciplinary action taken."

6. Petitioner's signature on the application "affirm[ed]" that I have answered the foregoing questions, and that my answers are true and correct. I understand that any false information given by me may subject me to refusal to be licensed, disciplinary action by the North Carolina Board of Pharmacy, and/or any license obtained shall be void and of no effect."

7. In April 2013, Petitioner was fined \$5,000 by the California Board of Pharmacy because he was "not in compliance with [California law] which requires a person located outside this state that ships, sells, mails or delivers dangerous drugs or dangerous devices into the state" The California Board found that for a period of three years, Petitioner, "while acting as pharmacist-in-charge of Diamondback Drugs furnished, shipped, mailed or delivered dangerous drugs . . . to several entities (veterinarians, veterinary offices, etc.) located throughout the state of California without obtaining a non-resident wholesaler license in California (approximately 375 invoice transactions)."

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8. In 2006, the California Board of Pharmacy issued a fine of \$2,500 to Mr. Blaine stemming from a charge that Mr. Blaine had “falsified an email sent to him by a member of [the California] board” and “reproduced [the falsified email] into a written response to the boards [sic] cease and desist order dated November 23, 2006.” Petitioner testified that he challenged the citation. In August 2007, the Board of Pharmacy dismissed the citation.

9. Petitioner’s answer to Question 7 of the North Carolina Reciprocity Data Questionnaire was false. Petitioner did not disclose the 2006 charge against his license by the California Board of Pharmacy. Moreover, Petitioner stated that “no disciplinary action [was] taken” against him by the California Board of Pharmacy in 2013 even though he was cited and fined \$5,000.

10. Petitioner’s answer to Question 2 of the NABP Application’s Professional History section was false. Petitioner was cited by the California Board of Pharmacy and fined \$5,000.

11. Petitioner offered several explanations for his failure to disclose, completely and accurately, the California Board’s 2006 charge to his license and its 2013 action on his license. The Board finds none of these explanations credible.

12. For instance, Petitioner testified that the California Board’s action was “administrative.” But, as Petitioner conceded, virtually all actions against a pharmacist license are “administrative” in nature. Petitioner testified that he had “no opportunity” to contest the 2013 California action. Yet, Petitioner certainly was aware of the process for contesting a California Board citation, as evidenced by his participation in such a process and that board’s dismissal of Petitioner’s 2006 citation. Moreover, Petitioner conceded that he did have an opportunity to contest the 2013 California citation, but instead chose not to do so. Petitioner testified that he was “currently challenging” the 2013 California citation, but provided no

evidence that any such challenge was underway other than a claim that an attorney was discussing the matter with an unnamed California official. And, in any event, even if such a belated challenge were now underway, it would not change the fact that at the time Petitioner completed his reciprocity application, he supplied answers that were false and misleading.

CONCLUSION OF LAW

Petitioner “made false representations or withheld material information in connection with securing a license or permit.” N.C.G.S. § 90-85.38(a)(1).

IT IS, THEREFORE, ORDERED that Petitioner’s application to reciprocate a license to practice pharmacy to North Carolina is **DENIED**.

This the 13th day of May, 2014.

NORTH CAROLINA BOARD OF PHARMACY

By: _____

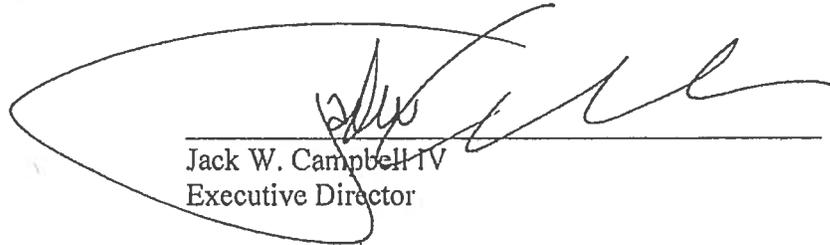

Jack W. Campbell IV
Executive Director

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CERTIFICATE OF SERVICE

I certify that on May 15, 2014, I caused a copy of this Order Denying Reciprocity to be served on Petitioner by certified mail, return receipt requested at the following address:

10921 N 140th Way
Scottsdale, AZ 85259



Jack W. Campbell IV
Executive Director

cc: Blaire reciprocity file

Lawrence Mokhiber
Executive Director
New York Board of Pharmacy
89 Washington Avenue,
2d Floor W
Albany, NY 12234-1000

Virginia Herold
Executive Director
California Board of Pharmacy
1625 N Market Boulevard
N219
Sacramento, CA 95834

Hal Wand
Executive Director
Arizona Board of Pharmacy
1700 West Washington
Suite 250
Phoenix, AZ 85007

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BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Received
APR 29 2013
California State Board of Pharmacy
159853/26875

CITATION AND FINE

Citation Number CI 2012 53997	Name, License No. MICHAEL RICHARD BLAIRE, RPH 45547
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JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775; Bus. & Prof. Code § 4113 subd. (c)		
VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
Bus. & Prof. Code § 4161 subd. (a), (b), & (c)	Nonresident Wholesaler Requirements:/License procedure/A separate license shall be required for each place of business...	\$5,000.00

CONDUCT:

Unlicensed Activity – Michael Blaire (RPH 45547) was not in compliance with Business and Professions Code section 4161 (a)(b)(c), which requires a person located outside this state that ships, sells, mails, or delivers dangerous drugs or dangerous devices into this state or sells, brokers, or distributes dangerous drugs or devices within this state be licensed by the Board prior to shipping, selling, mailing, or delivering dangerous drugs or dangerous devices to a site located in this state or selling, brokering, or distributing dangerous drugs or devices within this state. From about 1/1/2009 to 12/31/2011, while acting as pharmacist-in-charge of Diamondback Drugs (located at 7901 East McDowell Road, Scottsdale, AZ 85257), furnished, shipped, mailed, or delivered dangerous drugs, controlled substances, and/or compounded drugs (medications) to several entities (veterinarians, veterinary offices, etc.) located throughout the state of California without obtaining a non-resident wholesaler license in California (approximately 375 invoice transactions).

INVOICE #	INVOICE DATE	DRUG	QTY	Sold To (ship to)	City
288889	12/1/2010	phenylbotazone powder (jar)	12	adobe animal hospital	yucaipa
288889	12/1/2010	scoops	12	adobe animal hospital	yucaipa
300583	2/1/2011	vincristine 2mg/2ml inj (vial)	12	adobe animal hospital	los altos
331856	6/30/2011	vincristine 2ml/ml (vial)	6	adobe animal hospital	los altos
341018	8/11/2011	vincristine 2mg inj (vial)	6	adobe animal hospital	los altos
341018	8/11/2011	elspar inj (vial)	4	adobe animal hospital	los altos
351789	9/28/2011	vincristine 2ml/ml (vial)	6	adobe animal hospital	los altos
296513	1/11/2011	metronidazole 250mg tabs	500	agoura animal clinic	agoura hills
297171	1/14/2011	metronidazole 500mg tabs	1000	airport pet clinic	shingle springs
280635	10/15/2010	mexilitine 150mg cap	300	allcare animal referral center	fountain valley
280635	10/15/2010	l-carnitine 250mg cap	300	allcare animal referral center	fountain valley
290444	12/9/2010	cyclosporine 50mg/ml inj (5ml)	5	allcare animal referral center	fountain valley
296921	1/13/2011	vincristine inj 2mg/2ml	5	allcare animal referral center	fountain valley
306409	3/2/2011	lantus pens (boxes)	2	allcare animal referral center	fountain valley
314555	4/11/2011	cyclosporin inj (10x5ml)	2	allcare animal referral center	fountain valley
314555	4/11/2011	theophylline 100mg tabs (bottle)	6	allcare animal referral center	fountain valley

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317583	4/25/2011	lantus solostar 3ml inj	10	allcare animal referral center	fountain valley
325808	6/3/2011	bethanechol 10mg tabs	500	allcare animal referral center	fountain valley
328878	6/16/2011	pipercillin/taz 2.25gm (vial)	10	allcare animal referral center	fountain valley
331476	6/28/2011	carimune iv (bottle)	1	allcare animal referral center	fountain valley
334168	7/12/2011	fluorouracil 2% 10ml (bottle)	3	allcare animal referral center	fountain valley
336080	7/19/2011	albu rx 25 (100ml)	2	allcare animal referral center	fountain valley
356502	10/20/2011	lantus solostar pens (box)	2	allcare animal referral center	fountain valley
277243	9/27/2010	dolorex 10mg/ml inj (vial)	1	alta loma animal hospital	alta loma
356328	10/19/2011	glycopyrolate 0.2mg/ml inj (vial)	25	alta loma animal hospital	alta loma
362950	11/18/2011	glycopyrolate 0.2ml/ml inj	25	alta loma animal hospital	alta loma
282646	10/27/2010	epogen 3mu/ml inj (vial)	2	am veterinary clinic	pasadena
288418	11/29/2010	epogen 2mu/ml (vial)	4	am veterinary clinic	pasadena
276169	9/21/2010	buprenorphine 0.3mg/ml inj (10x10ml)(box)	1	animal care clinic	bellflower
276169	9/21/2010	buprenorphine 0.3mg/ml inj (10x1ml)(box)	1	animal care clinic	bellflower
348455	9/14/2011	doxorubicin 25ml	4	animal care wellness center	san bernardino
348455	9/14/2011	vincristine 2mg	2	animal care wellness center	san bernardino
361360	11/11/2011	vincristine 2mg/2ml (vial)	2	animal care wellness center	san bernardino
323971	5/24/2011	doxorubicin 2mg/ml inj (25ml vial)	2	animal hospital davis small	davis
296322	1/11/2011	metronidazole 250mg tabs	100	animal medical center	san jacinto
296322	1/11/2011	metronidazole 500mg tabs	100	animal medical center	san jacinto
317331	4/22/2011	octreotide 0.1ml/ml (ml)	10	animal medical center	san jose
356573	10/20/2011	epogen 2mu/ml (vial)	1	animal medical center	manhattan beach
359702	11/4/2011	epogen 2mu/ml (vial)	1	animal medical center	manhattan beach
368136	12/13/2011	epogen 2mu inj (vial)	2	animal medical center	manhattan beach
267022	7/29/2010	bleomycin 15units (vial)	4	animal oncology consultation	hermosa beach
282821	10/28/2010	vincristine 2mg/ml inj (vial)	6	animal oncology consultation	hermosa beach
286124	11/15/2010	mitoxantrone 10mg inj (vial)	1	animal oncology consultation	hermosa beach
310725	3/22/2011	valproic acid (16oz bottle)	2	animal oncology consultation	hermosa beach
321682	5/13/2011	metronidazole 250mg tabs	100	animal oncology consultation	hermosa beach
321682	5/13/2011	metronidazole 500mg tabs	400	animal oncology consultation	hermosa beach
323176	5/19/2011	epogen 4mu inj (vial)	6	animal oncology consultation	hermosa beach
324458	5/26/2011	epogen 4mu inj (vial)	6	animal oncology consultation	hermosa beach
347360	9/9/2011	elspar (vial)	6	animal oncology consultation	hermosa beach
348181	9/13/2011	eslpar inj (vial)	4	animal oncology consultation	hermosa beach
349343	9/17/2011	doxorubicin 2mg/ml (25ml vial)	2	animal oncology consultation	hermosa beach
354885	10/13/2011	epogen 4mu/ml (vial)	6	animal oncology consultation	hermosa beach
309986	3/17/2011	ceftazidime 500mg inj (vial)	10	aquarium of the bay	san francisco
325869	6/3/2011	chlorhexidine gluconate 20% soln (ltr)	1	aquarium of the bay	san francisco
349217	9/16/2011	bactracillin g (pen g 300,000u/ml)(250ml bottle)	1	aquarium of the bay	san francisco
370351	12/22/2011	sterile water (10ml vial)	25	aquarium of the bay	san francisco
370351	12/22/2011	calcium gluconate 10% (10ml vial)	25	aquarium of the bay	san francisco
359138	11/1/2011	griseofulvin micronized (gm)	20	ardea biosciences	san diego
351594	9/27/2011	doxorubicin 2ml/ml (vial)	1	arroyo vista vet hospital	moorpark
336654	7/21/2011	epinephrine 1ml/ml inj (30ml vial)	1	associates veterinary surgical	concord
341388	8/12/2011	epinephrine inj (30ml vial)	1	associates veterinary surgical	concord
336262	7/20/2011	aranesp 25mcg (vial)	1	ava animal er & critical care	lancaster
336262	7/20/2011	epogen 2mun/ml (vial)	8	ava animal er & critical care	lancaster
326534	6/7/2011	doxorubicin 2mg/ml inj (25ml vial)	2	bay animal hospital	manhattan beach
289521	12/3/2010	morphine sulf 15mg/ml mdv 20ml	3	bellflower veterinary hospita	bellflower
322911	5/18/2011	morphine sulfate 15mg/ml mdv 20ml	2	bellflower veterinary hospita	bellflower
273531	9/3/2010	cyclosporine modified 25mg caps (box)	2	best friend animal hospital	monrovia
269154	4/18/2010	cyclosporine modified 25mg caps	2	best friend animal hospital	monrovia

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		(box)			
298108	1/18/2011	cyclosporine modified 25mg caps	60	best friend animal hospital	monrovia
318245	4/27/2011	povidine 10% oint 1oz tube	10	biosurg inc	winters
323887	5/24/2011	povidine iodine 1oz	20	biosurg inc	winters
333389	7/8/2011	povidine 10% oint 30gm	20	biosurg inc	winters
274368	9/9/2010	butorpic	1	boulevard animal clinic	san diego
301977	2/9/2011	praziquantal powder (gm)	200	cabrillo marine aquarium	san pedro
307880	3/9/2011	praziquantal powder (gm)	100	cabrillo marine aquarium	san pedro
303861	2/17/2011	cyproheptadine 4mg tabs	100	camino real pet clinic	burlingame
323897	5/24/2011	cyproheptadine 4mg tabs	100	camino real pet clinic	burlingame
333613	7/11/2011	cyproheptadine 4mg tabs	100	camino real pet clinic	burlingame
274515	9/10/2010	propofol inj 5x20ml (box)	3	cedar veterinary hospital	fresno
293779	12/28/2010	propofol (box)	1	cedar veterinary hospital	fresno
286543	11/17/2010	heparin 1000u/vial	1	claremont veterinary hospital	claremont
291740	12/15/2010	epirubicin 50mg inj (vial)	1	claremont veterinary hospital	claremont
299548	1/26/2011	carboplatin 150mg (vial)	1	claremont veterinary hospital	claremont
300252	1/31/2011	carboplatin 150mg (vial)	1	claremont veterinary hospital	claremont
318109	4/26/2011	heparin 1000u/ml (30ml vial)	1	claremont veterinary hospital	claremont
344742	8/27/2011	doxorubicin 2mg/ml (25ml vial)	1	claremont veterinary hospital	claremont
359397	11/2/2011	heparin 1000 units (bottle)	1	claremont veterinary hospital	claremont
298098	1/18/2011	metronidazole 500mg tabs	200	community animal hospital	temple city
356793	10/21/2011	aminophylline 100mg tabs	100	corona community vet hospital	corona
243611	3/1/2010	buprenorphine 0.3mg/ml sdv (5x1ml)	8	downtown spay neuter and vet	los angeles
291547	12/14/2010	butorphanol inj (50ml vial)	1	downtown spay neuter and vet	los angeles
291547	12/14/2010	butorphanol inj (50ml vial)	1	downtown spay neuter and vet	los angeles
367318	12/9/2011	metoclopramide inj (2ml vial)	25	downtown spay neuter and vet	los angeles
338092	7/28/2011	butorpic 20ml inj (bottle)	2	dr domotors animal house	monrovia
355969	10/18/2011	baytril otic (15ml)	12	dr domotors animal house	monrovia
355969	10/18/2011	terramycin oph ung (tube)	3	dr domotors animal house	monrovia
364325	11/25/2011	epogen 2mu/ml (vial)	2	dr domotors animal house	monrovia
339707	8/4/2011	glycopyrrolate 0.2mg inj (ml)	25	dr ron's animal hospital	simi valley
359654	11/3/2011	tylosin 50mg/ml inj	1	dr ron's animal hospital	simi valley
222610	9/3/2009	phenobarb elixir 20mg/5ml (pint)	1	el toro animal hospital	lake forest
272435	8/30/2010	sucralfate 1gm	100	el toro animal hospital	lake forest
301818	2/8/2011	phenobarbital elixir 20mg/5ml (pint)	1	el toro animal hospital	lake forest
327157	6/9/2011	phenobarbital elixir 20mg/5ml (pint)	1	el toro animal hospital	lake forest
327157	6/9/2011	phenobarbital elixir 20mg/5ml (pnt)	1	el toro animal hospital	lake forest
330392	6/23/2011	restasis 0.05% eye gtt (vial)	30	el toro animal hospital	lake forest
337665	7/26/2011	aminophylline 200mg tabs	200	el toro animal hospital	lake forest
273997	9/7/2010	adriamycin 50mg inj (vial)20	1	emergency animal hos vca #366	san diego
274452	9/9/2010	propofol 5x20ml (box)	1	exotic animal care center	pasadena
274452	9/9/2010	ora sweet (pint)	2	exotic animal care center	pasadena
281406	10/20/2010	zosyn 2.25gm inj (10 vials)(box)	1	exotic animal care center	pasadena
309573	3/16/2011	zosum 2.25gm inj (vial)	10	exotic animal care center	pasadena
275251	9/14/2010	butorphanol 2mg (1ml vial)	10	for los angeles spay	los angeles
363951	11/22/2011	phenylbotazone powder 100gm (jar)	1	four paws	santa paula
288182	11/26/2010	neo/poly dex oph ointment 3.5gm ea (tube)	6	four seasons animal hospital	lafayette
300617	2/1/2011	famotadine 10mg/ml inj 25ml (vial)	2	four seasons animal hospital	lafayette
300617	2/1/2011	famotadine 10mg/ml inj 2ml (vial)	25	four seasons animal hospital	lafayette
302777	2/12/2011	lovenox (vial)	1	four seasons animal hospital	lafayette
324338	5/25/2011	pentoxyphylline 400mg	200	four seasons animal hospital	lafayette
359231	11/2/2011	acetylcysteine 20% (30ml)	12	four seasons animal hospital	lafayette
362419	11/16/2011	cortrosyn 0.25mg inj (vial)	1	four seasons animal hospital	lafayette

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371863	12/31/2011	nexium 40mg inj (5ml vial)	10	four seasons animal hospital	lafayette
316872	4/20/2011	ranitidine inj (ml)	6	galloway cat clinic	torrance
316872	4/20/2011	lantus solostar (ml)	3	galloway cat clinic	torrance
325525	6/1/2011	morphine sulfate 10mg/ml mdv 10ml	1	galloway cat clinic	torrance
325525	6/1/2011	fentanyl 50mcg/ml sdv 50ml	1	galloway cat clinic	torrance
321220	5/11/2011	epinephrine 1mg/ml (30ml)	1	gateway ah vca	anderson
305045	2/23/2011	dicyclomine 10mg capsule	100	glendale small animal hospital	glendale
324203	5/25/2011	doxorubicin 2mg/ml inj (25ml vial)	1	health pets vet hospital	san francisco
333638	7/11/2011	doxorubicin 2mg/ml inj (25ml vial)	1	health pets vet hospital	san francisco
357156	10/24/2011	epogen 2mu/ml inj (vial)	2	hemet animal hospital	hemet
306859	3/4/2011	butorphic 20ml inj (vial)	1	high desert vet care	victorville
311096	3/23/2011	butorphic 20ml inj (vial)	2	high desert vet care	victorville
311096	3/23/2011	butorphic 20ml inj (vial)	2	high desert vet care	victorville
371618	12/29/2011	calcium gluconate 10% inj (25x10ml)	1	holly street vca #653	san carlos
319637	5/4/2011	rimadyl 100mg chews	360	huntington beach vet hospital	huntington beach
319637	5/4/2011	rimadyl 25mg chews	180	huntington beach vet hospital	huntington beach
319637	5/4/2011	denamarin 425mg tabs	120	huntington beach vet hospital	huntington beach
319637	5/4/2011	cephalexin 250mg	500	huntington beach vet hospital	huntington beach
319637	5/4/2011	metronidazole 250mg tabs	100	huntington beach vet hospital	huntington beach
319637	5/4/2011	enalapril 2.5mg tab	100	huntington beach vet hospital	huntington beach
319637	5/4/2011	ursodiol 300mg caps	100	huntington beach vet hospital	huntington beach
274551	9/10/2010	butorphic 10mg/ml injectable (vial)	2	karen kelly house call practic	thousand oaks
202812	3/2/2009	hydrocodone/homatropine 5/15mg/5ml syr 480ml		katella animal hospital	anaheim
196685	12/30/2008	zolipediem	200	livingston animal clinic	livingston
211438	5/26/2009	zolpidem 10mg	100	livingston animal clinic	livingston
278905	10/5/2010	mebenazole 100mg (box)	3	livingston animal clinic	livingston
278905	10/5/2010	clarithomycin 500mg (bottle)	2	livingston animal clinic	livingston
268429	8/5/2010	epinephrine 1mg/ml inj (30ml vial)	1	long beach aquarium	long beach
303457	2/15/2011	epinephrine 1:1000 inj (vial)	1	long beach aquarium	long beach
351610	9/28/2011	mitoxantrone 2ml/ml (10ml vial)	1	memorial beach vet hospital	healdsburg
369119	12/16/2011	famotidine 10mg/ml (2x20ml vial)	2	mercy animal medical center	long beach
338417	7/29/2011	prednisone 5mg	1000	miles square animal hospital	fountain valley
338417	7/29/2011	prednisone 20mg	1000	miles square animal hospital	fountain valley
287893	11/24/2010	humulin n (vial)	1	milller robertson ah vca	w hollywood
287893	11/24/2010	proair	1	milller robertson ah vca	w hollywood
323774	5/23/2011	humulin n inj (10ml vial)	2	milller robertson ah vca	w hollywood
323774	5/23/2011	humulin r inj (10ml vial)	2	milller robertson ah vca	w hollywood
333216	7/7/2011	humulin n inj (01ml vial)	1	milller robertson ah vca	w hollywood
346707	9/7/2011	humulin n 10ml inj (vial)	1	milller robertson ah vca	w hollywood
198090	1/13/2009	morphine sulf 15mg/ml mdv 20ml	10	mission pet hospital	san francisco
198090	1/13/2009	fentanyl pf 0.05mg/ml amp (5x10ml)	6	mission pet hospital	san francisco
214099	6/18/2009	morphine sulfate 15mg/ml inj	10	mission pet hospital	san francisco
218757	7/30/2009	fentanyl citrate 0.05mg/ml inj (5x10ml)	10	mission pet hospital	san francisco
226566	10/9/2009	morphine sulf 15mg/ml mdv 20ml	10	mission pet hospital	san francisco
228448	10/26/2009	fentanyl 0.05mg/ml inj (5x10ml)	10	mission pet hospital	san francisco
237939	1/15/2010	fentanyl 0.05mg/ml amp (5x10ml)	10	mission pet hospital	san francisco
246718	3/22/2010	fentanyl pf 0.05mg/ml amp (5x10ml)	10	mission pet hospital	san francisco
246718	3/22/2010	morphine sulf 15mg/ml mdv 20ml	10	mission pet hospital	san francisco
257175	5/28/2010	fentanyl 0.05mg/ml inj (5x10ml)	10	mission pet hospital	san francisco
268321	8/4/2010	fentanyl 0.05mg/ml inj (5x20ml)(box)	10	mission pet hospital	san francisco
268321	8/4/2010	fentanyl 0.05mg/ml inj (5x20ml)(box)	10	mission pet hospital	san francisco
2861461	11/15/2010	morphine sulf 15mg/ml mdv 20ml	6	mission pet hospital	san francisco

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301605	2/7/2011	morphine sulf 15mg/ml mdv 20ml	6	mission pet hospita	san francisco
301605	2/7/2011	duramorph p/f 10mg/10ml amp 10x10ml	1	mission pet hospital	san francisco
301920	2/8/2011	vinblastine 10mg (vial)	1	mission pet hospital	san francisco
314892	4/11/2011	fentanyl 50mcg/ml vl 25x10ml	2	mission pet hospital	san francisco
336898	7/22/2011	fentanyl 50mcg/ml vl (25x10ml)	3	mission pet hospital	san francisco
363759	11/21/2011	morphine sulf 15mg/ml mdv 20ml	10	mission pet hospital	san francisco
371402	12/29/2011	famotidine 10mg/ml inj (20ml vial)	1	monrovia animal medical center	monrovia
269463	8/11/2010	gabapentin 100mg cap	500	moore veterinary clinic	ventura
298552	1/20/2011	adriamycin 2mg/ml (5ml vial)	15	mtn aire veterinary hospital	frazier park
313901	4/6/1944	vitamin b-12 inj (ml)	60	murphy avenue pet clinic	sunnyvale
345317	8/30/2011	cyanocobalamine 1000mcg/ml inj (30ml vial)	1	murphy avenue pet clinic	sunnyvale
291857	12/16/2010	elspar 10muu inj (vial)	2	n tustin vet clinic	tustin
301058	2/4/2011	zonisamide 100mg caps	500	newport center animal hospital	newport beach
276308	9/1/2010	cephalexin 250mg	500	nohl ranch animal hospital	orange
276308	9/1/2010	cephalexin 500mg	500	nohl ranch animal hospital	orange
313896	4/6/2011	sterile water (50ml vials)	25	north coast vca #482	encinitas
319986	5/5/2011	sterile water (50ml vials)	50	north coast vca #482	encinitas
352977	10/5/2011	sterile water (50ml vials)	25	north coast vca #482	encinitas
363512	11/21/2011	sterile water (50ml vials)	25	north coast vca #482	encinitas
359419	11/2/2011	heparin 1000u/ml (vial)	1	oak park vet hospital	oak park
301949	2/9/2011	epinephrine 1:1000 30ml	1	old river animal hospital vca	tracy
353329	10/6/2011	kristalose 10gm packet (box)	1	old river animal hospital vca	tracy
305461	2/25/2011	vincristine 2mg/2ml inj (vial)	1	pacific palisades vet center	pacific palisades
299517	1/26/2011	cytarabine 100mg inj (vial)	10	pacific vet specialists	capitola
321234	5/11/2011	elspar inj (vial)	4	pacific vet specialists	capitola
353143	10/5/2011	doxorubicin 2ml/ml (vial)	4	pacific vet specialists	capitola
326612	6/7/2011	trimeprazine/prednisolone 5mg/2mg capsule	100	palm springs animal hospital	palm springs
249929	4/12/2010	buprenorphine 0.3mg/ml inj (5x1ml)(box)	2	palos verdes village vet clnc	redondo beach
301730	2/8/2011	epinephrine 1mg/ml 30ml inj (vial)	1	park animal hospital	simi valley
319369	5/3/2011	vincristine 1mg/ml inj (vial)	1	park animal hospital	simi valley
357154	10/24/2011	epinephrine 1ml/ml inj (vial)	1	park animal hospital	simi valley
357154	10/24/2011	neomycin polymyxin b sulfate % dex oph ointment (3.5gm)	4	park animal hospital	simi valley
282823	10/28/2010	vincristine 2mg/2ml inj (vial)	6	pawspice	hermosa beach
296968	1/13/2011	mitoxantrone 10ml inj (vial)	1	pawspice	hermosa beach
321751	5/13/2011	metronidazole 250mg tabs	100	pawspice	hermosa beach
321751	5/13/2011	metronidazole 500mg tabs	400	pawspice	hermosa beach
321751	5/13/2011	adriamycin 2mg/ml (100ml)	1	pawspice	hermosa beach
323174	5/19/2011	epogen 4mu inj (vial)	6	pawspice	hermosa beach
331926	6/30/2011	epogen 4000u (vial)	6	pawspice	hermosa beach
348183	9/13/2011	elspar inj (vial)	4	pawspice	hermosa beach
356198	10/19/2011	epogen 4mu/ml (vial)	10	pawspice	hermosa beach
304572	2/21/2011	diazepam 5mg/ml inj (10x1ml)(ml)	100	pedley vet hospital	riverside
314902	4/11/2011	diazepam 5mg/ml inj (10x10ml)(ml)	100	pedley vet hospital	riverside
331313	6/28/2011	diazepam 5mg/ml inj (10ml vial)	10	pedley vet hospital	riverside
331313	6/28/2011	diazepam 5mg/ml inj (10x10ml)(ml)	100	pedley vet hospital	riverside
341154	8/11/2011	diazepam 5mg/ml inj (10x10ml)	1	pedley vet hospital	riverside
331519	6/28/2011	pentoxiphylline 400mg	100	peninsula pet clinic	san pedro
362423	11/16/2011	famotidine 10mg/ml inj (ml)	20	peninsula pet clinic	san pedro
364010	11/22/2011	metoclopramide 5mg/ml (2ml)	25	peninsula pet clinic	san pedro
333270	7/7/2011	doxorubicin 2ml/ml (vial)	2	pet clinic palos verdes villag	redondo beach
351457	9/27/2011	doxorubicin 2mg/ml inj (vial)	2	pet clinic palos verdes villag	redondo beach
351457	9/27/2011	elspar (vial)	1	pet clinic palos verdes villag	redondo beach

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360565	11/8/2011	aranesp 25mcg (vial)	1	pet clinic palos verdes villag	redondo beach
363772	11/21/2011	elspar (vial)	1	pet clinic palos verdes villag	redondo beach
275823	9/18/2010	ifosfamide 1gm	2	pet er and spec cntr of marin	san rafael
275823	9/18/2010	mesna 1gm	2	pet er and spec cntr of marin	san rafael
295294	1/5/2011	adriamycin 2mg/ml inj 25ml (vial)	3	pet er and spec cntr of marin	san rafael
303910	2/17/2011	ifosfamide 1mg sdv (vial)	1	pet er and spec cntr of marin	san rafael
313585	4/5/2011	ifosfamide 1gm inj (vial)	2	pet er and spec cntr of marin	san rafael
313585	4/5/2011	mesna 1gm inj (vial)	2	pet er and spec cntr of marin	san rafael
298890	1/24/2011	adequan canine 100mg/ml inj (box)	1	pet medical center	santa monica
296824	1/12/2011	metronidazole 500mg tabs	500	pico rivera animal hospital	pico rivera
294876	1/3/2011	empty #3 capsules	100	rancho mesa animal hosp	san diego
320331	5/7/2011	empty capsules #3	200	rancho mesa animal hosp	san diego
315326	4/13/2011	ceftazidime 1mg (vial)	3	rancho mirage ah vca #531	rancho mirage
296656	1/12/2011	metronidazole 250mg tabs	500	riverside cat hospital	riverside
299589	1/26/2011	cytarabine 100mg inj (vial)	1	rolling hills	chula vista
306368	3/2/2011	clemastine 2.68mg	100	rolling hills	chula vista
323879	5/24/2011	clemastine 2.68mg	100	rolling hills	chula vista
339920	8/6/2011	doxorubicin 2mg/ml (bottle)	1	rolling hills	chula vista
343973	8/23/2011	doxorubicin 2mg/ml inj (vial)	1	rolling hills	chula vista
353630	10/7/2011	doxorubicin 50mg inj (vial)	1	rolling hills	chula vista
281335	10/20/2010	diazepam 5mg/ml inj (10x10ml)(box)	1	rose city vet hospital	pasadena
360192	11/7/2011	famotidine 10mg/ml inj (20ml vial)	10	sacramento a m g vca #522	carmichael
369677	12/19/2011	famotidine 10mg/ml inj (vial)	1	sage vet ctr medicine-concord	concord
370234	12/22/2011	metronidazole 250mg tabs	1000	san francisco vet spec vca	san francisco
269855	8/13/2010	prazosin 1mg cap	200	san francisco veterinary spec	san francisco
358912	10/31/2011	fentanyl pf 50mcg/ml sdv 50ml	12	san francisco veterinary spec	san francisco
358912	10/31/2011	fentanyl pf 0.05mg/ml amp 10x5ml	1	san francisco veterinary spec	san francisco
358912	10/31/2011	fentanyl pf 0.05mg/ml amp 10x2ml	1	san francisco veterinary spec	san francisco
311606	3/25/2011	vitamin b1 250mg	2000	san francisco zoo commissary	san francisco
311606	3/25/2011	vitamin e 400iu	2000	san francisco zoo commissary	san francisco
332858	7/6/2011	vitamin c 250mg	500	san francisco zoo commissary	san francisco
332858	7/6/2011	pill cutters	3	san francisco zoo commissary	san francisco
348452	9/14/2011	vit b1 150mg (bottle)	20	san francisco zoo commissary	san francisco
348452	9/14/2011	vitamin c 250mg	600	san francisco zoo commissary	san francisco
356269	10/19/2011	metronidazole	950	san francisco zoo commissary	san francisco
359129	11/1/2011	hydromorphone 2mg/ml vl 25x1ml	1	san jose animal care & servic	san jose
360326	11/7/2011	hydromorphone 2mg/ml vl 25x1ml	1	san jose animal care & servic	san jose
368558	12/14/2011	glycopyrrolate 0.2mg/ml inj (5ml)	25	san jose animal care & servic	san jose
298518	1/20/2011	vincristine 2mg inj (vial)	2	saugus animal hospital	saugus
352266	10/1/2011	epogen 2mu (vial)	2	saugus animal hospital	saugus
357685	10/25/2011	epogen 2mu (vial)	3	saugus animal hospital	saugus
330652	6/24/2011	doxorubicin 2mg/ml inj (25ml vial)	2	south county vca #149	arroyo grande
343723	8/23/2011	clemastine 1.34mg tablets	100	south county vca #149	arroyo grande
345378	8/30/2011	doxorubicin 2ml/ml (50ml vial)	2	south county vca #149	arroyo grande
349044	9/15/2011	doxorubicin inj (vial)	2	south county vca #149	arroyo grande
288546	11/29/2010	vincristine 2mg inj (vial)	5	southern ca vet speciality hosp	irvine
288546	11/29/2010	vincristine 1mg inj (vial)	6	southern ca vet speciality hosp	irvine
291684	12/15/2010	cytarabine 100mg (vial)	10	southern ca vet speciality hosp	irvine
296481	1/11/2011	mitoxantrone 2mg (vial)	1	southern ca vet speciality hosp	irvine
296481	1/11/2011	vincristine 2mg (vial)	10	southern ca vet speciality hosp	irvine
274364	9/9/2010	butorphanol (bottle)	4	southern california vet hosp	woodland
285009	11/8/2010	epogen 2mu/ml inj (vial)	10	st francis square vet hospital	daly city
299499	1/26/2011	fluphenazine 25mg/ml 5ml (vial)	1	templeton vet clinic	templeton

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325325	6/1/2011	small empty bottles	20	the cat doctor beach group	lawndale
312964	4/2/2011	sorbital 70% (480ml)	1440	tri valley animal emergency	dublin
342778	8/18/2011	magnesium sulfate 50% inj (10ml vial)	1	tri valley animal emergency	dublin
345366	8/30/2011	sorbital 480ml (bottle)	2	tri valley animal emergency	dublin
347017	9/8/2011	phenobarbital 65mg/ml (25x1ml)(1 box)	1	tri valley animal emergency	dublin
348211	9/13/2011	human albumin 25% inj (50ml vial)	2	tri valley animal emergency	dublin
348211	9/13/2011	human albumin 25% inj (100ml vial)	2	tri valley animal emergency	dublin
371154	12/27/2011	sorbital (ml)	960	tri valley animal emergency	dublin
371154	12/27/2011	human albumin 25% inj (50ml vial)	1	tri valley animal emergency	dublin
371154	12/27/2011	human albumin 25% inj (100ml vial)	1	tri valley animal emergency	dublin
371431	12/29/2011	famotidine 10mg/ml inj (20ml vial)	4	tri valley animal emergency	dublin
371431	12/29/2011	diltiazem 5mg/ml inj (10x10ml)	10	tri valley animal emergency	dublin
275409	9/15/2010	famotidine inj	2	tustin vet clinic	orange
309990	3/17/2011	sodium pentobarbital 50mg/ml (50ml mdv)	1	us san francisco	san francisco
351939	9/29/2011	prednisone 1mg tablets	500	valley center vet clinic	valley center
363499	11/21/2011	famotidine 10mg/ml inj (20ml vial)	2	vca - tlc pet medical	w hollywood
362384	11/15/2011	morphine sulfate 15mg/ml vial 20ml	3	vca almaden valley animal #207	san jose
280180	10/13/2010	etomidate 20mg inj (10)	10	vca coast animal hospital	hermosa beach
283187	10/29/2010	etomidate 20mg (10ml ea)	20	vca coast animal hospital	hermosa beach
298616	1/21/2011	etomidate 20mg inj (10ml ea)	10	vca coast animal hospital	hermosa beach
304994	2/23/2011	etomidate 20mg inj (10ml vial)	10	vca coast animal hospital	hermosa beach
312680	3/31/2011	etomidate 20mg inj (10ml vial)	10	vca coast animal hospital	hermosa beach
318908	5/2/2011	etomidate 20ml	10	vca coast animal hospital	hermosa beach
325868	6/3/2011	etomidate 20mg (10ml vial)	10	vca coast animal hospital	hermosa beach
265603	7/20/2010	propofol 10mg/ml inj (box)	3	vca madera pet hospital	corte madera
265565	7/20/2010	propofol 10mg/ml inj (box)	10	vca petville animal hosp #528	los angeles
292172	12/18/2010	adriamycin 2mg/ml (25ml vial)	10	vet cancer group	tustin
356151	10/19/2011	doxorubicin 2mg/ml inj (25ml vial)	8	vet cancer group	culver city
366574	12/7/2011	doxorubicin 2mg/ml inj (25ml vial)	10	vet cancer group	culver city
299100	1/24/2011	mlrtazapine	90	vet care pet clinic	garden grove
292247	12/20/2010	adriamycin 2mg/ml (vial)	10	vet specialists california	carlsbad
304582	2/21/2011	vincristine 2mg (vial)	10	vet specialists california	carlsbad
324986	5/31/2011	doxorubicin 2mg/ml inj (25ml vial)	6	vet specialists california	carlsbad
325552	6/1/2011	doxycycline 100mg inj (vial)	10	vet surg associates	san mateo
369924	8/13/2010	mct oil (ml)	1000	veterinary medical associates	modesto
276359	9/21/2010	cyclosporin modified 100mg (box)	3	veterinary medical associates	modesto
276359	9/21/2010	humulin n (nph) insulin (vial)	1	veterinary medical associates	modesto
281409	10/20/2010	cialis 20mg tabs	30	veterinary medical associates	modesto
282675	10/27/2010	mct oil (ml)	2000	veterinary medical associates	modesto
289618	12/6/2010	methotrexate 2.5mg	100	veterinary medical associates	modesto
295167	1/5/2011	empty sterile vials 100ml	10	veterinary medical associates	modesto
298234	1/19/2011	mct oil (ml)	2000	veterinary medical associates	modesto
305643	2/25/2011	cyclosporine modified 100mg	90	veterinary medical associates	modesto
308339	3/10/2011	elspar inj (vial)	2	veterinary medical associates	modesto
308339	3/10/2011	cyclophosphamide 500mg inj (vial)	2	veterinary medical associates	modesto
313857	4/6/2011	cyclosporine modified 25mg (bottle)	2	veterinary medical associates	modesto
319631	5/4/2011	cyclosporine modified 50mg	90	veterinary medical associates	modesto
321474	5/12/2011	elspar 10,000u (vial)	2	veterinary medical associates	campbell
322652	5/17/2011	cyclophosphamide 500mg inj (vial)	2	veterinary medical associates	modesto
322652	5/17/2011	doxorubicin 2mg/ml inj (25ml vial)	1	veterinary medical associates	modesto
324314	5/25/2011	sterile vials (100ml vial)	10	veterinary medical associates	modesto
324314	5/25/2011	cyclophosphamide 1gm (vial)	1	veterinary medical associates	modesto
328867	6/16/2011	timolol 0.5% oph (5ml bottle)	3	veterinary medical associates	modesto

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331535	6/28/2011	cyclosporine modified 50mg	180	veterinary medical associates	modesto
333307	7/7/2011	omeprazole 20mg	100	veterinary medical associates	modesto
338331	7/28/2011	clalis 20mg	30	veterinary medical associates	modesto
340773	8/10/2011	cyclosporine modified 100mg caps	90	veterinary medical associates	modesto
341077	8/11/2011	methotrexate 2.5mg	100	veterinary medical associates	modesto
343530	8/22/2011	vincristine 1mg/ml (vial)	1	veterinary medical associates	modesto
343530	8/22/2011	doxorubicin 2mg/ml (25ml vial)	1	veterinary medical associates	modesto
346759	9/7/2011	cyclosporin modified 25mg (boxes)	3	veterinary medical associates	modesto
348794	9/15/2011	miacalcin 200u/ml inj (vial)	1	veterinary medical associates	modesto
352449	10/3/2011	vincristine 1mg/ml inj (vial)	2	veterinary medical associates	modesto
352449	10/3/2011	elspar 10,000u/ml inj (vial)	2	veterinary medical associates	modesto
352449	10/3/2011	cyclophosphamide 500mg inj (vial)	1	veterinary medical associates	modesto
357398	10/24/2011	doxorubicin 2ml/ml (25ml vial)	1	veterinary medical associates	modesto
357398	10/24/2011	vincristine 1mg (vial)	2	veterinary medical associates	modesto
357398	10/24/2011	cyclophosphamide 500mg inj (vial)	1	veterinary medical associates	modesto
358652	10/31/2011	cyclosporin modified 25mg caps	90	veterinary medical associates	modesto
358652	10/31/2011	cyclosporin modified 100mg caps	90	veterinary medical associates	modesto
360294	11/7/2011	mct oil (ml)	1892	veterinary medical associates	modesto
360294	11/7/2011	sterile vials (50ml)	10	veterinary medical associates	modesto
360294	11/7/2011	sterile vials (10ml)	10	veterinary medical associates	modesto
360909	11/10/2011	cyclophosphamide 500mg inj (vial)	2	veterinary medical associates	modesto
360909	11/10/2011	doxorubicin 2ml/ml (25ml vial)	3	veterinary medical associates	modesto
360909	11/10/2011	vincristine 2mg/2ml (vial)	3	veterinary medical associates	modesto
360909	11/10/2011	mct (ml)	3000	veterinary medical associates	modesto
370105	12/21/2011	famotidine 200mg/20ml (20ml vial)	4	veterinary medical associates	modesto
276407	9/22/2010	dacarbazine 200mcg inj (vial)	2	veterinary medical specialists	campbell
324531	5/27/2011	doxorubicin 2mg/ml inj (100ml inj)	1	w bernardo animal hospital	san diego
324531	5/27/2011	l-asparaginase 10,000 unit (vial)	1	w bernardo animal hospital	san diego
296733	1/12/2011	metronidazole 500mg tabs	100	west hills vet clinic	westhills
314026	4/7/2011	terramycin (tubes)	6	western vet group	lomita
334834	7/14/2011	prednisone 5mg	2000	westlake village animal hospital	westlake village
306543	3/2/2011	epogen 2mu inj (vial)	12	whiskers to tails cat hospital	pasadena
331703	6/29/2011	epogen 2mun/ml (bottle)	7	whiskers to tails cat hospital	pasadena
346741	9/7/2011	epogen 2000/ml (vial)	4	whiskers to tails cat hospital	pasadena
351349	9/27/2011	epogen 2mu/ml (vial)	5	whiskers to tails cat hospital	pasadena
362618	11/16/2011	epogen 2mu/ml (vial)	2	whiskers to tails cat hospital	pasadena
365412	12/1/2011	epogen 2000units/ml	4	whiskers to tails cat hospital	pasadena
279324	10/7/2010	buprenorphine 0.3mg/ml inj (10x1ml)(box)	1	wildlife center california	calabasas
279324	10/7/2010	buprenorphine 0.3mg/ml inj (10x1ml)(box)	1	wildlife center california	calabasas
283536	11/1/2010	buprenorphine 0.3mg/ml inj (10x1ml)(box)	1	wildlife center california	calabasas
283536	11/1/2010	buprenorphine 0.3mg/ml inj (10x1ml)(box)	1	wildlife center california	calabasas
272855	8/31/2010	sucalfate 1mg (100ml)(bottle)	2	yorba regional animal hospital	anaheim
276213	9/21/2010	sucalfate 1gm (2x100)(bottle)	2	yorba regional animal hospital	anaheim
294011	12/29/2010	diazepam 5mg/ml inj (box)	2	yorba regional animal hospital	anaheim

This is a violation of pharmacy law.

CITATION ISSUED ON: October 11, 2012

TOTAL AMOUNT OF FINE(S): \$5,000.00

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PAYMENT OF FINE(S) DUE BY: November 10, 2012



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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
ARNOLD SCHWARZENEGGER, GOVERNOR

August 29, 2007

CERTIFIED MAIL

Michael Richard Blaire
10921 North 140th Way
Scottsdale, AZ 85259

Roberto Pulver
Quarles & Brady, LLP
One Renaissance Square
Two North Central Avenue
Phoenix, AZ 85004-2391

RE: CI 2006 33499
RPH 45547

Dear Mr. Blaire:

After thorough and careful consideration of the explanation and information you provided at the office conference, it was decided to dismiss Citation and Fine, CI 2006 33499 as originally issued. Effective immediately the fines assessed in Citation CI 2006 33499, have been dismissed.

This decision is the final administrative order regarding the Citation.

Please contact Enforcement Analyst Dawn LaFranco at (916) 574-7925, if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Virginia Herold".

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy

THIS COPY FOR YOUR RECORDS

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

CITATION AND FINE

Citation Number CI 2006 33499	Name, License No. Michael Richard Blaire, RPH 45547
----------------------------------	--

JURISDICTION: Bus. & Prof. Code § 4005; CCR, title 16, § 1775;		
VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301 subd. (f)	Acts of moral turpitude, dishonesty, fraud, deceit or corruption	\$2,500.00

CONDUCT:

On or about November 29, 2006, Michael Richard Blaire, RPH 45547, falsified an email sent to him by a member of board. On or about December 6, 2006, the falsified email was received by the board, reproduced into a written response to the boards cease and desist order dated November 23, 2006. This is a violation of Business and Professions Code section 4301 subdivision (f).

CITATION ISSUED ON: April 30, 2007 TOTAL AMOUNT OF FINE(S): \$2,500.00

PAYMENT OF FINE(S) DUE BY: May 30, 2007

THIS COPY FOR YOUR RECORDS



Renaissance One
Two North Central Avenue
Phoenix, Arizona 85004-2391
602.229.5200
Fax 602.229.5690
www.quarles.com

Attorneys at Law in
Chicago
Indianapolis
Madison
Milwaukee
Naples
Phoenix
Tampa
Tucson
Washington, D.C.

Writer's Direct Dial: 602.229.5258
E-Mail: christine.cassetta@quarles.com

October 27, 2014

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



Re: Non Resident, Pharmacy; License # PH02236

Dear Sir/Madam:

We are writing to inform you of a transaction involving Diamondback Drugs. The owner of Diamondback Drugs that was last reported to you was Diamondback Drugs of Delaware LLC and the sole member of this LLC was SLG Diamondback Investment, LLC. The officers of Diamondback were reported as Michael Blaire, Giano Panzarella and Melissa Cole. The sole member of Diamondback has sold its interest and the new sole member is TW Diamondback Holdings Corp.

Importantly, Diamondback Drugs of Delaware LLC remains as the owner of Diamondback Drugs and Mr. Blaire, Mr. Panzarella and Ms. Cole remain the officers. When we reviewed the application that was required to be filed for a change of ownership, there were no questions related to the sole member of Diamondback Drugs of Delaware LLC and all of the required information related to Diamondback Drugs of Delaware LLC and its officers. Were we to complete the application, we would be providing the exact same information that the Board currently has in its possession. As a result, we are providing notice of the transaction for your files.

If you have any questions, or require more information, please contact me at the number indicated above or at christine.cassetta@quarles.com.

Very truly yours,

Christine Cassetta

CC:cf



DO NOT FOLD OR STAPLE ABOVE THIS LINE

Nevada State Board of Pharmacy - 431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

Renewal Application - PHARMACY

For the period of November 1, 2014 to October 31, 2016

Money Order ONLY (NO BUSINESS or PERSONAL CHECKS, NO CASH)

\$500.00 (postmarked on or before 10/31/2014) OR \$750.00 (postmarked after 10/31/2014)

LICENSE: PH01622

OPTUMRX

2858 LOKER AVE EAST #100,

Carlsbad, CA 92010

Please make any changes to name or address next to the old information

RENEW BY MAIL

1. Complete this form
2. Sign and date this form
3. Send payment with this form (do NOT staple)
4. Mail original form and payment to address above
5. NO COPIES OR STAMPS ACCEPTED

<OR>

RENEW ONLINE

1. Go to <http://bop.nv.gov>
2. Click "Applications" then, "License Renewal"
3. Follow instructions
4. Use **USER ID:**

LINDA.GRIFFIN@OPTUM.COM

PASSWORD: *****

**New Users: once logged in, when asked for OLD password, use the above password, then change*

Section 1: Since your last renewal or recent licensure has any owner or shareholder: (Fill in completely) Yes No

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... Yes No
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?..... Yes No
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... Yes No

If you marked YES to any of the questions (1-3) above, include the following information & provide documentation:

Board Administrative Action:	State	Date:	Case #:		
See attached Exhibit "A"		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

Section 2: CAUTIONS

- (1.) Nevada has no grace period. All applications postmarked by the US Postal Service after October 31, 2014 that are NOT accompanied by the late fee, will be returned and will be assessed the late fee, delaying processing.
- (2.) Any application that is not 100% complete will be returned and will not be considered to have been received. Only completed applications will be processed.
- (3.) If you have a Nevada State Business license, please provide the # _____

Section 3:

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature:

Date: 9/16/2014



2858 Loker Ave East #100
Carlsbad, CA 92010
760-804-2373
www.optum.com

November 3, 2014

Nevada State Board of Pharmacy
Attn: Larry Pinson, Executive Director
431 W. Plumb Lane
Reno, NV 89509



Re: OptumRx, Inc. d/b/a OptumRx
Pharmacy Registration License No.: PH01622
Pharmacy Location: Carlsbad, CA

Dear Nevada State Board of Pharmacy:

OptumRx submitted to the Nevada State Board of Pharmacy ("NV BOP") its Renewal Application for the referenced Pharmacy License on September 24, 2014, and subsequently, the NV BOP renewed our license, expiring October 31, 2016. Thereafter, we received a letter from the NV BOP, dated October 15, 2014 ("NV Appearance Letter"), requiring OptumRx to appear before the NV BOP. The reason behind the request for our appearance was not given in the NV Appearance Letter. Therefore, we contacted your office, and we were informed that the reason for the NV Appearance Letter stemmed from the fact that the NV BOP had questions concerning the Exhibit A to the Renewal Application ("Exhibit A"), which contained copies of citations received since the date of the last renewal ("Citations"). A copy of the NV Appearance Letter is attached for your convenience.

I am submitting the following information to clarify Exhibit A, and it is our hope and intention that any questions or concerns that the NV BOP may have had concerning the Citations will be answered in this letter.

Please note that concerning the Citations, in each instance below, proper coaching and counseling of our team members occurred soon after the Citation was received. Further, we have made updates and/or required enhancements to our current processes and procedures as appropriate. It should be noted that OptumRx has implemented Continuous Quality Improvement ("CQI") meetings since October 2013, designed to address potential opportunities for improvement in our prescription processing. At these weekly CQI meetings, OptumRx team members including pharmacists and technicians look at ways of improving prescription processing accuracy and internal quality communications that address ways to raise awareness of common pharmacy errors such as "look alike and sound alike" drugs, drug



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Carlsbad, CA 92010
760-804-2373
www.optum.com

products with multiple formulations, and red flag reminders for corresponding responsibility in dispensing controlled substances. OptumRx takes any and all citations or warning letters very seriously, and is constantly trying to find ways to improve our patients' experiences. As the pharmacist in charge in Carlsbad, California, I scrutinize each and every citation and address any concerns in our prescription processing with our senior leadership team as well as our quality improvement teams. Each citation is an exercise for my team to learn from and an opportunity to improve our processes.

For context, since our last renewal of our Nevada license, the Carlsbad pharmacy has dispensed over 10.6 million prescriptions, which is approximately 44,000 prescriptions per day, while maintaining six-sigma accuracy rates. These same measures are being used by companies like Toyota in their efforts to gauge output accuracy. Currently the Carlsbad site maintains a dispensing accuracy level of 99.99993%, which exceeds the minimum six-sigma accuracy threshold of 99.99966%. Due to the fact that we are dealing with patients' medications, and because of the extremely high volume of prescriptions that we dispense, we vigorously scrutinize our internal accuracy and are always looking at ways to improve, train staff and minimize any potential for error. The California Board of Pharmacy has just recently renewed our pharmacy license on March 1, 2014 and our license is in good standing. OptumRx is licensed in all states where we provide prescription services and pharmacy licensure is required, and we have had a great reputation in the industry and with our patients.

Our records indicate that the following Citations were issued to our pharmacy in Carlsbad since we last renewed our license in October 2012, as presented in Exhibit A:

- CA Citation CI 2011 49315: In this complaint, the pharmacy processed a new prescription for a quantity greater than written. A process was implemented to address any future new prescriptions processed by OptumRx for quantities greater than written such that an outbound communication of the change is sent to the prescriber office.
- CA Citation CI 2012 53121: In this complaint, a pharmacist incorrectly verified a prescription for levothyroxine 125mcg instead of the written strength of 1.25mcg, which does not exist. Both the pharmacist and technician involved were coached and counseled in regards to the medication error. This example was subsequently used to educate our staff to be more cognizant of potential errors involving decimal point placements.
- CA Citation CI 2011 50764: A pharmacist on our team incorrectly verified a prescription as Feldene 10mg instead of felodipine 10mg. Both the pharmacist and technician involved were coached and counseled per OptumRx standard procedures

that involve any medication error that is discovered. This issue arose out of a medication that was verified because it looked like and sounded like the correct medication. This example was used subsequently to train our other team members (both pharmacists and technicians) to be more cognizant of this potential for a mix up with these two products. Wrong drug selection project remains an important part of OptumRx's focus on Continuous Quality Improvement.

- **MO Administrative Letter of Concern:** This case involved a prescription, which was delayed due to issues associated with a prior authorization approval process compounded by an OptumRx customer service agent failing to follow up with the patient to schedule shipment after a call was disconnected. The OptumRx agent was counseled on OptumRx service expectations and the case was reviewed with manager so that we may address any potential training gaps.
- **CA Citation CI 2012 54430:** In this complaint, a pharmacist incorrectly verified trazadone 50mg instead of the intended tramadol 50mg. Both the pharmacist and technician involved were coached and counseled per OptumRx standard procedures that involve any medication error that is discovered. This issue arose out of a medication that was verified because it looked like and sounded like the correct medication. This example was used subsequently to train our other team members (both pharmacists and technicians) to be more cognizant of this potential for a mix up with these two products.
- **CA Citation CI 2012 56223:** An existing patient profile was erroneously updated with another new patient's third party billing information. This error oversight occurred because both patients shared near identical names and an identical date of birth. Once OptumRx discovered the error, the claim was immediately reversed and the matter was resolved. A subsequent quality improvement project targeted and focused on being mindful of not selecting the wrong patient. Metrics taken before and after this project indicate an improvement in our team member's accuracy in selecting the right patient.
- **CA Citation CI 2012 56693:** In this complaint, a prescription was delayed due to staffing issues after a recent large influx of business, which was compounded by communications delays that occurred between OptumRx and the prescriber. OptumRx has since hired additional staffing support and improved the workflow of our operations.
- **TN Case #2013001901:** In a letter of warning from the Tennessee Board of Pharmacy, they indicated that a pharmacist on our team incorrectly verified a

prescription as Feldene 10mg instead of felodipine 10mg. Both the pharmacist and technician involved were coached and counseled per OptumRx standard procedures that involve any medication error that is discovered. This issue arose out of a medication that was verified because it looked like and sounded like the correct medication. This example was used subsequently to train our other team members (both pharmacists and technicians) to be more cognizant of this potential for a mix up with these two products. Wrong drug selection project remains an important part of OptumRx's focus on Continuous Quality Improvement.

- CA Citation CI 2012 54362: In this complaint, there were two issues. Firstly, a prescription was delayed due to a duplicate claim that was paid at a retail pharmacy, which did not allow OptumRx to fulfill the prescription at the time of submission. Once OptumRx was informed of the issue, the order was expeditiously sent to the member. Secondly, a prescription for imipramine 50mg was incorrectly verified as topiramate 50mg by one of our pharmacists. Both the pharmacist and technician involved were coached and counseled per OptumRx standard procedures that involve any medication error that is discovered. This issue arose out of a medication that was verified because it looked like and sounded like the correct medication. This example was used subsequently to train our other team members (both pharmacists and technicians) to be more cognizant of this potential for a mix up with these two products. Wrong drug selection project remains an important part of OptumRx's focus on Continuous Quality Improvement.
- CA Citation CI 2012 56122: In this letter of admonishment from the California Board of Pharmacy, they described a complaint arising out of a delay in one of our patient's prescription orders. This delay in this complaint arose from a lack of insurance coverage and because the product was out of stock at the time of fulfillment. The prescription was fulfilled as soon as product was received from the manufacturer.
- CA Citation CI 2013 58107: In this complaint, a prescription for one patient was erroneously packed with that of another patient. The pharmacy clerk associated with this shipping MEQA was appropriately coached and counseled on proper shipping procedures. The associate involved is no longer employed with OptumRx.
- CA Citation CI 2013 58603: In this complaint, a prescription was dispensed with the inappropriate quantity by a pharmacist. The pharmacist involved was coached to verify hand counted prescriptions and counseled based on OptumRx's medication error processes. Particular focus was placed on looking at specific data fields that were overlooked during the pharmacist's review that resulted in this error.



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Carlsbad, CA 92010
760-804-2373
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- CA Citation CI 2013 59891: In this case, a prescription for Cipro 500mg was delayed due to additional time required for an unnecessary outbound communications to the prescriber regarding this antibiotic prescription's low quantity. The pharmacist involved has been coached in regards to the appropriateness of his questions pertaining to this prescription and coached on appropriate quantities of antibiotic therapies that we typically see in our pharmacy. Specifically, OptumRx procedures were reinforced pertaining to requests for 90 day supply as only applying to maintenance medications and not to acute therapies such as antibiotics.

We sincerely appreciate the Nevada Board of Pharmacy allowing us to explain the Citations in greater detail. We value our relationship with the State of Nevada, and our patients who reside there. If you have any questions, we would be more than happy to answer them at your convenience and welcome you to visit our pharmacy. If an informal conversation about these matters in person would be helpful, we would be more than happy to meet with the Nevada Board of Pharmacy at a time of your choosing.

It is our hope and intention that any questions or concerns that the NV BOP may have concerning the Citations have been answered in this letter, and that an appearance by OptumRx to a NV BOP hearing will be deemed unnecessary and will no longer be required. If, in the event that, after you review this letter, an appearance is still required, it is our choice to appear before the NV BOP in Las Vegas, on January 21-22, 2015.

Sincerely,

A handwritten signature in black ink, appearing to read "Phong Q. Ly".

Phong Q. Ly, Pharm. D.
Manager of Operations, PIC
OptumRx
Carlsbad, CA
phong.ly@optum.com
760-804-2373

Enclosure

OPTUMRx, INC.

LIST OF REGULATORY ACTIONS AGAINST
CARLSBAD PHARMACY
FROM 10/29/2012 TO 9/16/2014

PHARMACY

STATE	DATE OF ACTION	REGULATORY AGENCY	CITATION/CASE No.	REGULATORY ISSUE	PENALTY	RESOLUTION
CALIFORNIA	01.10.2013	California Board of Pharmacy	CI 2011 49315	Admonishment for the increase in the amount of a prescription above the prescriber's specification.	Reprimanded	Reprimanded
CALIFORNIA	2.14.2013	California Board of Pharmacy	CI 2012 53121	Fine imposed for dispensing an alternative dosage of a drug in place of a dosage that had been prescribed but is not commercially available.	\$1,750.00 Fine	Fine paid
CALIFORNIA	5.7.2013	California Board of Pharmacy	CI 2011 50764	Citation issued from the California Board of Pharmacy for variation from prescription without prior consent of the prescriber. Prescription was written for one drug, but an alternative drug was processed, filled and dispensed.	Reprimand	Reprimand
CALIFORNIA	8.21.2013	California Board of Pharmacy	CI 12 56693	Written Notice of Non-Compliance issued for obstruction of a legally prescribed medication for patient.	Written Notice of Non-Compliance	Written Notice of Non-Compliance
TENNESSEE	9/12/2013	Tennessee Department of Health	2013001901	Tennessee Department of Health issued a <i>Letter of Warning</i> in connection with the <i>Written Notice of Non-Compliance CI 12 56693</i> issued by California Board of Pharmacy on 8/21/2013.	Letter of Warning	Letter of Warning
CALIFORNIA	9/11/2013	California Board of Pharmacy	CI 2012 54430	Citation issued from the California Board of Pharmacy for a prescription that was written for one drug, but, instead another drug was processed, filled, and dispensed.	No Fine was assessed and no proof of abatement has been ordered.	No Fine was assessed and no proof of abatement has been ordered.
CALIFORNIA	9/23/2013	California Board of Pharmacy	CI 2012 56223	Written Notice of Non-Compliance was issued concerning an incident wherein insurance coverage information was updated for wrong patient.	No fine was assessed	Written Notice of Non-Compliance was issued. No fine was assessed.
CALIFORNIA	1/23/2014	California Board of Pharmacy	CI 2012 54362	Citation was issued to Carlsbad pharmacy for obstructing a patient from timely obtaining a	\$500.00 Fine	Fine paid.

STATE	DATE OF ACTION	REGULATORY AGENCY	CITATION/CASE No.	REGULATORY ISSUE	PENALTY	RESOLUTION
CALIFORNIA	1/24/2014	California Board of Pharmacy	CI 2012 56122	prescription drug and for variation from prescription. Letter of Admonishment was issued to Carlsbad pharmacy for obstructing a patient from timely obtaining a prescription drug.	Letter of Admonishment. No Fine was assessed.	No fine was assessed
CALIFORNIA	4/11/2014	California Board of Pharmacy	CI 2013 58107	Citation and Fine issued for unauthorized release of protected healthcare information/Unauthorized disclosure of prescription. A patient was sent his prescription along with another person's prescription.	\$1,500.00 Fine	Fine paid.
CALIFORNIA	7/2/2014	California Board of Pharmacy	CI 2013 58603	Letter of Admonishment was issued to Carlsbad pharmacy for deviation of a prescription. The Pharmacy dispensed 14 capsules of a drug instead of the prescribed amount of 5 capsules.	No fine was assessed.	No fine was assessed
CALIFORNIA	7/9/2014	California Board of Pharmacy	CI 2013 59891	Citation was issued to Carlsbad pharmacy for obstructing a patient from timely obtaining a prescription drug prescription.	No fine was assessed.	No fine was assessed
MISSOURI	5/23/2014	Missouri Board of Pharmacy		Administrative Letter of Concern was issued to Carlsbad pharmacy for failing to timely dispense a prescription resulting in an unnecessary medication delay.	No fine was assessed.	No fine was assessed.

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.

<input checked="" type="checkbox"/> New Pharmacy or <input type="checkbox"/> Ownership Change (Provide current license number if making changes: PH _____)	
Check box below for type of ownership and complete all required forms.	
<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

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	AND	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 type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input type="checkbox"/> Other: _____		<input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

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

73461

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

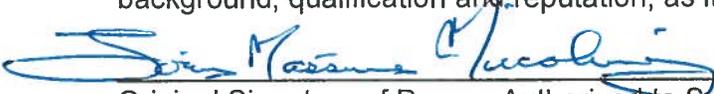
Within the last five (5) years:

- 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

Board Use Only	Date Processed: <u>10/1/14</u>	Amount: <u>\$ 500.00</u>
----------------	--------------------------------	--------------------------

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: _____

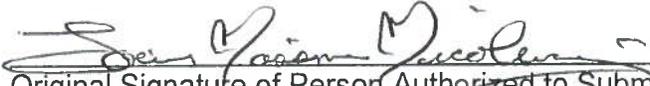
STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

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

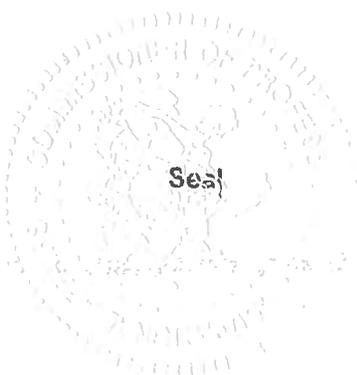
September 19, 2014

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.



A handwritten signature in black ink, reading "Travis N. Berg", is written over a horizontal line.

Commissioner
Bureau of Professional and Occupational Affairs

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: Unicare Pharmacy, Inc. dba MedicoRx Specialty

Physical Address: 7039 Valjean Ave. Van Nuys, CA 91406

Mailing Address: 7039 Valjean Ave.

City: Van Nuys State: CA Zip Code: 91406

Telephone: (818) 390-9696 Fax: (818) 390-9697

Toll Free Number: (855) 265-7850 (Required per NAC 639.708)

E-mail: dlenchitsky@medicorx.com Website: www.medicorx.com

Managing Pharmacist: Michael Sterling License Number: RPh 36628

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: Home Health

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

79682

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

Vladimir Lenchitsky
Print Name of Authorized Person

11-26-2014
Date

Board Use Only	Date Processed: <u>12-15-14</u>	Amount: <u>\$500.00</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: N/A

Mailing Address: 7039 Valjean Ave.

City: Van Nuys State: CA Zip: 91406

Telephone: (818) 390-9696 Fax: (818) 390-9697

Contact Person: Dina Lenchitsky

For any corporation non publicly traded, disclose the following:

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

a) Vladimir Lenchitsky 7039 Valjean Ave. Van Nuys, CA 91406
Name Address

b) Sofia Kravchinsky 7039 Valjean Ave. Van Nuys, CA 91406
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1,500

3) What was the price paid per share? \$3.33

4) What date did the corporation actually receive the cash assets? 1/2/2012

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

List any physician shareholders and percentage of ownership.

Name: none %: n/a

Name: none %: n/a

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 7:00 pm Saturday 8:30 am 5:00 pm
Sunday 9:30 am 2:00 pm 24 Hours no

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Vladimir Lenchitsky

Responsible Person of Unicare Pharmacy Inc. dba MedicoRx Specialty 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

Vladimir Lenchitsky

Print Name of Authorized Person

11-26-2014

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	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input 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: PS19244

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 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.

Robert Michael Poland

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

Robert Michael Poland

Print Name of Authorized Person

Date

8-18-14

Board Use Only	Received: <u><i>8/26/14</i></u>	Amount: <u><i>\$500.00</i></u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida
Parent Company if any: 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) R. Michael Poland 2333 Beachcomber Trail, Atlantic Beach FL
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.

Application type selection box: New Pharmacy or Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Preckshot Professional Pharmacy
Physical Address: 4450 N. Prospect Rd. Suite 7
Mailing Address: 4450 N. Prospect Rd. Suite 7
City: Peoria Heights State: IL Zip Code: 61616
Telephone: 309-679-2047 Fax: 309-679-2051
Toll Free Number: 1-855-773-2574
E-mail: info@preckshot.com Website: www.preckshot.com
Managing Pharmacist: Jennifer Siefert License Number: 051.036576

TYPE OF PHARMACY AND SERVICES PROVIDED

Service selection table with columns for 'TYPE OF PHARMACY' and 'SERVICES PROVIDED'. Includes checkboxes for Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other, Off-site Cognitive Services, Parenteral, Outpatient/Discharge, Mail Service, Long Term Care, Sterile/Non Sterile Compounding, Mail Service Sterile Compounding, and 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,

80565

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.

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

Jennifer Siefert
Print Name of Authorized Person

11-17-14
Date

Board Use Only	Date Processed: <u>12/22/14</u>	Amount: <u>500.-</u>
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APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Illinois

Parent Company if any: _____

Mailing Address: 4450 N. Prospect Rd. #7

City: Peoria Heights State: IL Zip: 61616

Telephone: 309-679-2047 Fax: 309-679-2051

Contact Person: Jennifer Siefert

For any corporation non publicly traded, disclose the following:

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

a) Jennifer Siefert 4450 N. Prospect Rd, #7 Peoria Heights, IL
Name Address 61616

b) Wade Siefert 4450 N. Prospect Rd, #7 Peoria Heights, IL
Name Address 61616

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: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 9 am 1 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, JENNIFER A. SIEFERT

Responsible Person of Preckshot Professional 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.

Jennifer A Siefert

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

JENNIFER A. SIEFERT

Print Name of Authorized Person

11-17-14

Date



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Pat Quinn
Governor

Manuel Flores
Acting Secretary

Jay Stewart
Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

NV Board of Pharmacy
431 W Plumb Lane
Reno NV 89509

Licensee: PRECKSHOT PROFESSIONAL PHARMACY
License Number: 054.016609
Profession: LICENSED PHARMACY
Date of Issuance: 02/02/2010
Expiration Date: 03/31/2016
License Status: ACTIVE
License Method: NON-EXAM
Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.




#7

Jay Stewart
Director

Division of Professional Regulation

 December 29, 2014
Date

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

Blank

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Synergy Pharmacy Services, Inc.
 Physical Address: 31201 US Highway 19 North, Suite 2, Palm Harbor 34684
 Mailing Address: 31201 U.S. Highway 19 North, Suite 2
 City: Palm Harbor State: FL Zip Code: 34684
 Telephone: 888-918-5024 Fax: 888-688-1659
 Toll Free Number: 888-918-5024 (Required per NAC 639.708)
 E-mail: info@Synergyrx.com Website: www.Synergyrx.com
 Managing Pharmacist: Andrew Assad License Number: PS48738

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 checked="" type="checkbox"/> <input type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input checked="" type="checkbox"/> <input 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 checked="" type="checkbox"/> <input type="checkbox"/> Long Term Care
		<input checked="" type="checkbox"/> <input type="checkbox"/> Sterile Compounding **
		<input checked="" type="checkbox"/> <input type="checkbox"/> Non Sterile Compounding
		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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

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

ANDREW ASSAD

Print Name of Authorized Person

1/23/14
Date

Board Use Only

Received: 5/27/14

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: Synergy Pharmaceuticals
Mailing Address: 31201 U.S. Highway 19 North, Suite 2
City: Palm Harbor State: FL Zip: 34684
Telephone: 888-918-5024 Fax: 888-688-1659
Contact Person: Andrew Assad.

For any corporation non publicly traded, disclose the following:

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

- a) Andrew Assad 31201 U.S. Highway 19 North, Suite 2, Palm Harbor, FL
Name Address 34684
- b) Michael Palso 31201 U.S. HWY 19 North, Ste 2, Palm Harbor, FL
Name Address 34684
- c) Peter Balos 31201 U.S. HWY 19 North, ste 2, Palm Harbor, FL 34684
Name Address
- d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1000

3) What was the price paid per share? 190

4) What date did the corporation actually receive the cash assets? 5-20-2013

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

List any physician shareholders and percentage of ownership.

Name: Peter Balos %: 25
Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 pm Saturday 1 am 1 pm
Sunday 1 am 1 pm 24 Hours on call

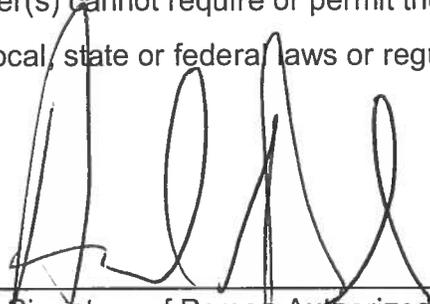
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, ANDREW ASSAD
Responsible Person of SYNERGY PHARMACY SERVICES
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 ASSAD
Print Name of Authorized Person

3/21/14
Date

Mission:

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



Rick Scott
Governor

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

Vision: To be the Healthiest State in the Nation

May 6, 2014

Nevada Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

RE: License Certification for Synergy Pharmacy Services, Inc.

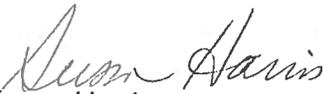
To Whom It May Concern:

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

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH24973
ORIGINAL CERTIFICATION:	10/21/2010
EXPIRATION DATE:	02/28/2015
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No

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

Sincerely,


Susan Harris
Licensure Support Services



Florida Department of Health

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

www.FloridasHealth.gov

TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh

Created on 5/6/2014 9:23 AM

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NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

Form with checkboxes: New MDEG, Ownership Change, Name Change, Location Change. Includes instruction: (Please provide current license number if making changes: MP or MW NA)

Form with checkboxes: Publicly Traded Corporation, Partnership, Non Publicly Traded Corporation, Sole Owner. Includes instruction: Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Bluebird Medical Supply Inc.

Physical Address: 1400 S. Decatur Blvd, Las Vegas NV 89102 (This must be a business address, we can not issue a license to a home address)

Mailing Address: 1400 S. Decatur Blvd

City: Las Vegas State: NV Zip Code: 89102

Telephone: (702) 998-1437 Fax: (702) 998-0249

E-mail: bluebirdmedical1400@gmail.com Website: on process

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Operating hours: Mon: 9:00 AM to 5:00 PM, Tue: 9:00 AM to 5:00 PM, Wed: 9:00 AM to 5:00 PM, Thu: 9:00 AM to 5:00 PM, Fri: 9:00 AM to 5:00 PM, Sat: Closed, Sun: Closed, Holidays: Closed

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: KARINE GHADYAN

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

- Medical Gases, Respiratory Equipment, Life-sustaining equipment, Diabetic Supplies, Assistive Equipment, Parenteral and Enteral Equipment, Orthotics and Prosthesis, Other: Incontinence supplies

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Karine Ghadyan Telephone: (702) 465-4609

78443

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

<u>Medicaid</u>	<u>still on process (BOP application sent)</u>	_____
<u>Medicare</u>	<u>None</u>	_____
_____	_____	_____

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

- 3) Are any of the owners health professionals? If yes, please check the box and list name.

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

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

NA

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

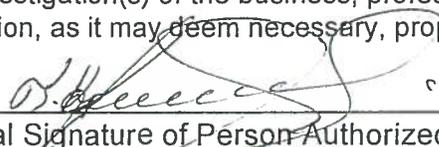
Within the last five (5) years:

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

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

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

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



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

KARINE SHADYAN

Print Name of Authorized Person

11-3-14

Date

Board Use Only

Received: 11/12/14

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: NA

Corporation Name: Bluebird Medical Supply Inc

Mailing Address: 1400 S. Decatur Blvd

City: Las Vegas State: NV Zip: 89102

Telephone: (702) 998-1437 Fax: (702) 998-0249

Contact Person: Karine Ghadyan

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>Karine Ghadyan</u> | <u>3066 Harbor Heights Dr. Las Vegas</u> |
| | Name | Address |
| | | <u>NV 89117</u> |
| b) | <u>NA</u> | |
| | Name | Address |
| c) | <u>NA</u> | |
| | Name | Address |
| d) | <u>NA</u> | |
| | Name | Address |

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

- 2) Provide the number of shares issued by the corporation. 75000
- 3) What was the price paid per share? \$1.00
- 4) What date did the corporation actually receive the cash assets? 10-6-2014
- 5) Provide a copy of the corporation's stock register evidencing the above information

Pls see attached copy.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 11-3-2014

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

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

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

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

GENERAL INSTRUCTIONS

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

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

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

Application for Medical Equipment + Supply

Bluebird Medical Supply Inc, 1400 S. Decatur Blvd, Las Vegas
Nature of MDEG

NA
Name and Address of Business for Which MDEG Administrator Is Requested NV 89107

NA
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

GHAOYAN KARINE NA
Last Name First Name Middle Name

NA

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

3066 Harbor Heights Drive Las Vegas NV 89117
Present Residence Address-Street or RFD City State/Zip

1400 S. Decatur City Las Vegas NV 89102
Present Business Address Dates City State/Zip

Present Position with the MDEG

Phone: (702) 998-1437 Fax: (702) 998-0249

Email address: bluebird medical supply 1400@gmail.com

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

40 years old
Age

Social Security Number Sex

Brown Black 140 lbs 5'3"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? Yes No

If alien, registration No NA

If naturalized, certificate No Date 5/11/12

Place Las Vegas NV (If naturalized, document must be verified.)

EMPLOYMENT:

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

3/1/14 - 10/1/14	Pure Medical Equipment 3750 S. Jones Las Vegas NV 16000	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Patient Intake Coordinator	Responsible for patient orders, supplies, insurance verification	Pat Magallon
Title	Description of Duties	Name of Supervisor
12/2012 - present	Bridal Elegance 3935 W. Reno Las Vegas NV 89118	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Owner	Responsible for all phases of the operation	Myself
Title	Description of Duties	Name of Supervisor
2006 - 11/2012	Bridal Elegance 3935 W. Reno Las Vegas NV 89118	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Manager	Responsible in the store, inventory & customer orders	Colby Irish
Title	Description of Duties	Name of Supervisor

NA

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

NA

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

NA

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

NA

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

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

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

a) Board Administrative Action: State: NA
b) Date: _____
Case Number: _____

c) Criminal Action: State: NA
Date: _____
Case Number: _____
County: _____
Court: _____

- 4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes No
- 5 .Will you be employed fulltime with the MDEG? Yes No
- 6 .Will you be present at the site of the MDEG during its normal operating hours? Yes No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

NA
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.....
.....
.....
.....

ATTACH PH
TAKEN W
30 DAYS



Date of photograph

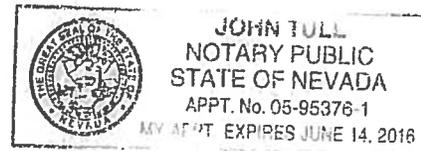
11/3/14

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

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


.....
Original Signature of Applicant


November 6, 2014



APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 11-3-14

GENERAL INSTRUCTIONS

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

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

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

Application for MDEG
Bluebird Medical Supply Inc. Nature of Pharmacy or Wholesaler
1400 S. Decatur Blvd Las Vegas
 Name and Address of Business for Which Designated Representative Is Requested NU 89102
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Ghadyan First Name Karine Middle Name None

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

Present Residence Address-Street or RFD 3066 Harbor Heights City Las Vegas State/Zip NU 89117

Present Business Address 1400 S. Decatur Blvd City Las Vegas State/Zip NU 89102

Present Position with the Pharmacy or Wholesaler

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

40 yrs old Age _____ Sex F

Brown Color of Eyes _____ Black Color of Hair _____ 140 lbs Weight _____ 5'3" Height _____

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? Yes No If alien, registration No. _____
 If naturalized, cert _____ Date 5/11/12
 Place Las Vegas Nevada (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial KG.

MARITAL INFORMATION-Continued

A. Current Marriage.

Spouse's full name (Maiden) ^{Date} Frederik Abulyan Las Vegas NV 8911
City, County and State

Place of Birth Iran

Resident address 3066 Harbor Heights Dr Las Vegas NV 89117
Street City State Zip

Telephone: Reside _____ ness _____

Spouse's employer West Proline Occupation Truck Driver

Address of employer P.O. Box 12238 La Crescenta CA 91224
Street City State Zip

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
NA				

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

Name	Street	City	State	Zip	Telephone
NA					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial K.G.

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person _____

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

<u>Zalibek Ghadyan</u>		<u>Armonia Gyumri</u>	
------------------------	--	-----------------------	--

Mother

<u>Ousanna Gndlyan</u>		<u>Armonia Gyumri</u>	
------------------------	--	-----------------------	--

Father-in-Law

<u>Arponik Elizakhanyan</u>		<u>1132 Rosedale Av #8 Glendale CA 91201</u>	
-----------------------------	--	--	--

Mother-in-Law

<u>Sultan Abulyan</u>		<u>1132 Rosedale Av #8 Glendale CA 91201</u>	
-----------------------	--	--	--

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

<u>Narine Ghadyan</u>		<u>Russia</u>	
-----------------------	--	---------------	--

Spouse

<u>Andranik Movsesyan</u>		<u>Russia</u>	
---------------------------	--	---------------	--

<u>Himer Ghadyan</u>		<u>Russia</u>	
----------------------	--	---------------	--

Spouse

NA

Spouse

NA

Spouse

NA

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>#24</u>	<u>Armenia</u>	<u>1981-1990</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>#24</u>	<u>Armonia</u>	<u>1990-1992</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>Progresiv</u>	<u>Armenia</u>	<u>1992-1996</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Lawyer

College or university where obtained _____

Applicant's initial K.G.

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No
 Branch NA Date of entry-active service _____
 Date of separation _____ Type of discharge _____
 Rating at separation _____ Serial number _____

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

B. Have you registered for the draft? Yes No
 County NA State _____ Date registered _____

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

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

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>NA</u>					

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

Name	Relationship	Charge	Location	Date
<u>Fredrik Abalyan</u>	<u>Spouse</u>	<u>credit card</u>	<u>Texas</u>	<u>9/11/2008</u>
<u>NA</u>				
<u>NA</u>				

Applicant's initial KG _____
 Page 4

ARRRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
NA				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
NA		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2009 - to present	3066 Harbor Heights dr	Las Vegas	NV 89117
2006 - 2009	613 Betsy Costello ct	Las Vegas	NV 89117
1998 - 2006	5525 W. Blaminga rd	Las Vegas	NV 89118
1988 - 1998	10 street Bld. 10	217	Cyprus Armenia

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

9/1/14 - 10/1/14	Pure Medical Equipment 3750 S. Jones Blvd #190 Las Vegas NV 89103	1600 hours
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Patient Intake Coordinator	- Responsible for patient orders, supplies, insurance verification	
Title	Description of Duties	Name of Supervisor Pat Magallan
12/20/12 - present	Bridal Elegance 3935 W. Reno, Las Vegas NV 89118	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Owner	Responsible for all phases of operation	
Title	Description of Duties	Name of Supervisor Myself - full time
2006 - 11/20/12	Bridal Elegance 3935 W. Reno Las Vegas NV 89118	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Manager	Responsible for store inventory & customer orders	
Title	Description of Duties	Name of Supervisor Colby Irish full time
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor NA
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor NA
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor NA
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor NA
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor NA
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor NA

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

Applicant's initial K.G.

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Years Known
Name <u>Ana James</u>	<u>Home</u>	<u>Las Vegas</u>	<u>NV</u>		<u>10 years</u>
Employer <u>Retired</u>					
Name <u>Naira Baghsaryan</u>	<u>Home</u>	<u>Las Vegas</u>	<u>NV</u>		<u>17 years</u>
Employer <u>Ultra Sound Technician</u>					
Name <u>Lianna Mazmanyan</u>	<u>Home</u>	<u>Las Vegas</u>	<u>NV</u>		<u>5 years</u>
Employer	<u>Business</u>				
Name <u>Tigran Unfalyan</u>	<u>Home</u>	<u>Las Vegas</u>	<u>NV</u>		<u>17 years</u>
Employer <u>Ultra Sound Technician</u>					
Name <u>Ruben Grigoryan</u>	<u>Home</u>	<u>Las Vegas</u>	<u>NV</u>		<u>12 years</u>
Employer <u>Retired</u>	<u>Business</u>				

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

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

Yes No

If yes, state type, where and years held

NA

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

NA

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

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

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

Applicant's initial K.G.

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

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

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

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

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

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes No

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes No

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes No

ATTACH PHOTOGRAPH



Date of photograph 11/3/14

Applicant's initial K.G.

STATE OF

ss.

COUNTY OF

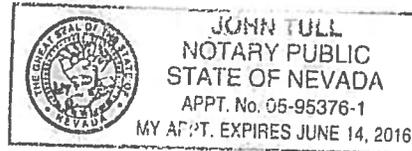
I, Marine Ghadyan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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

[Handwritten Signature]
.....
Original Signature of Applicant

Subscribed and Sworn to before me this 6th day of November 2014

[Handwritten Signature]
.....
John Tull
.....
Notary Public



(seal)

Applicant's initial KG

ALLSTATE INSURANCE COMPANY
2775 SANDERS ROAD
BUILDING E1
NORTHBROOK IL 60062



NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

BLUEBIRD MEDICAL SUPPLY INC
1400 S DECATUR BLVD
LAS VEGAS NV 89102-8511

Policy No.:
Type of Policy: BUSINESSOWNERS POLICY
Date of Cancellation: 01/19/2015; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is NON-PAYMENT OF PREMIUM.

You have a right to make a written request to us for more explicit detail on the reason your policy has been terminated. We will answer your written request within 6 days of our receipt. If you elect to write us please address your correspondence to the address at the top of this notice.

Nevada law requires us to give you notice of termination as measured by the postmark on the envelope. We advise you to save the envelope as evidence concerning whether or not our notice was mailed to you in a timely fashion.

Excess premium, if not tendered, will be refunded on demand.

Your interest in this policy as an "insured" or other party of interest is being cancelled effective 01/19/2015; 12:01 A.M. Local Time at the mailing address of the named insured.

Additional Insured

NEVEDA STATE BOARD OF PHARMACY
431 W PLUMB LN
RENO NV 89509-3766

Date Mailed:
12th day of December, 2014

AUTHORIZED REPRESENTATIVE



Blank

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

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

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: MEDICAL SUPPLIES LAS VEGAS, INC.

Physical Address: 2810 W. CHARLESTON BLVD, SUITE #83, LAS VEGAS, NV 89102
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2810 W. CHARLESTON BLVD, SUITE #83

City: LAS VEGAS State: NV Zip Code: 89102

Telephone: 702 659 9100 Fax: 702 483 9710

E-mail: mslv.nevada@gmail.com Website: medicalsupplieslasvegas.net

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: ARINDA L. ADEGBORUNFA

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

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

**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

81040

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

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

<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes No

- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes No

- 3) Are any of the owners health professionals? If yes, please check the box and list name.

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

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

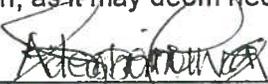
Within the last five (5) years:

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

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

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

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


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

ARINOLA L. ADEGBORUNWA
Print Name of Authorized Person

12/24/2014
Date

Board Use Only	Received: <u>1-5-15</u>	Amount: <u>\$ 500.00</u>
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APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: N/A
Corporation Name: MEDICAL SUPPLIES LAS VEGAS, INC.
Mailing Address: 2810 W. CHARLESTON BLVD, SUITE #83
City: LAS VEGAS State: NV Zip: 89102
Telephone: 702 659 9100 Fax: 702 483 9710
Contact Person: ARINDLA L. ADEGBORUNYA

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>ARINDLA L. ADEGBORUNYA</u> | <u>7319 CROW CANYON AVE, LAS VEGAS, NV 89179</u> |
| | Name | Address |
| b) | <u>N/A</u> | <u>N/A</u> |
| | Name | Address |
| c) | <u>N/A</u> | <u>N/A</u> |
| | Name | Address |
| d) | <u>N/A</u> | <u>N/A</u> |
| | Name | Address |

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

- 2) Provide the number of shares issued by the corporation. 150,000
- 3) What was the price paid per share? \$0.1
- 4) What date did the corporation actually receive the cash assets? 12/03/2014
- 5) Provide a copy of the corporation's stock register evidencing the above information

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 12/24/2014

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

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

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

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

GENERAL INSTRUCTIONS

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

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

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

Application for DURABLE MEDICAL EQUIPMENTS AND ORTHOTICS COMPANY

Nature of MDEG

MEDICAL SUPPLIES LAS VEGAS, INC. 2810 W CHARLESTON BLVD, STE #83, LAS VEGAS NV 89102

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

ADEGBORUWA
Last Name

ARINOLA
First Name

LORRETTA
Middle Name

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

7319 CROWN CANYON AVE LAS VEGAS NV 89179
Present Residence Address-Street or RFD City State/Zip

2810 W. CHARLESTON BLVD STE 83 12/04/2014 LAS VEGAS NV 89102
Present Business Address Dates City State/Zip

ADMINISTRATOR 12/03/2014
Present Position with the MDEG Dates

Phone: 702 688 0690 Fax: 702 483 9710

Email address: _____

LAGOS, NIGERIA
Date of Birth Place of Birth (City, County, State)

25
Age

Social Security Number

FEMALE
Sex

BLACK
Color of Eyes

BLACK
Color of Hair

112 LBS
Weight

5' 06"
Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

N/A

Are you a citizen of the United States? Yes No

If alien, registration No _____

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

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

A. Ade

EMPLOYMENT:

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

04/2014 FLORESOL, INC. 2411 N. CHARLESTON, LAS VEGAS, NV 89102 1800 HRS
 Month and Year Name/ Address of Employer/Business No of Employed Hours

ADMINISTRATOR-IN-TRAINING ADMINISTRATOR ASSISTANCE IDOWU ADEGBORUNA
 Title Description of Duties Name of Supervisor

N/A N/A N/A
 Month and Year Name/ Address of Employer/Business No of Employed Hours

N/A N/A N/A
 Title Description of Duties Name of Supervisor

N/A N/A N/A
 Month and Year Name/ Address of Employer/Business No of Employed Hours

N/A N/A N/A
 Title Description of Duties Name of Supervisor

N/A N/A N/A
 Month and Year Name/ Address of Employer/Business No of Employed Hours

N/A N/A N/A
 Title Description of Duties Name of Supervisor

N/A N/A N/A
 Month and Year Name/ Address of Employer/Business No of Employed Hours

N/A N/A N/A
 Title Description of Duties Name of Supervisor

N/A N/A N/A
 Month and Year Name/ Address of Employer/Business No of Employed Hours

N/A N/A N/A
 Title Description of Duties Name of Supervisor

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

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

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

a) Board Administrative Action: State: N/A
b) Date: N/A
Case Number: N/A
c) Criminal Action: State: N/A
Date: N/A
Case Number: N/A
County: N/A
Court: N/A

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

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

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

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

.....
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.....

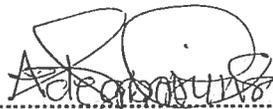


Date of photograph 12/27/2014

A. Ade

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

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



.....
Original Signature of Applicant

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 12/24/2014

GENERAL INSTRUCTIONS

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

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

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

Application for DURABLE MEDICAL EQUIPMENTS AND ORTHOTICS COMPANY
Nature of License
MEDICAL SUPPLIES LAS VEGAS, INC. 2810 W. CHARLESTON BLVD, STE #83, LAS VEGAS, NV 89102
Name and Address of Establishment for Which License Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

ADEGBORUWA ARINDLA LORRETTA
Last Name First Name Middle Name

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

7219 CROW CANYON AVE LAS VEGAS NV 89179
Present Residence Address-Street or RFD City State/Zip

2810 W. CHARLESTON BLVD, STE #83 (12/04/2014) LAS VEGAS NV 89102
Present Business Address Dates City State/Zip

ADMINISTRATOR 12/03/2014
Occupation Dates

Phone: Residence
Business (702) 659 9100

LAGOS, NIGERIA
Date of Birth Place of Birth (City, County, State)

25 FEMALE
Age Sex

BLACK BLACK BROWN 112 LBS SLIM 5'06"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes No If alien, registration No

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

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

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial A. Ade

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) Date N/A City, County and State N/A

N/A N/A S.S. No. N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A N/A N/A

Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A N/A

Street City State Zip

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

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

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

Name	Street	City	State	Zip	Telephone
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial A > Acl

FAMILY INFORMATION-Continued

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

Name N/A
 Address N/A
 Contact person N/A

C. Parents:

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

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

Name (Maiden)	Birth Date	Address	Occupation
Father <u>OLUWOLE ADEGBORUNWA</u>		<u>7319 CROW CANYON AVE LAS VEGAS, NV 89179</u>	<u>BUSINESS OWNER</u>
Mother <u>LATASHA ADEGBORUNWA</u>		<u>7319 CROW CANYON AVE LAS VEGAS, NV 89179</u>	<u>RN</u>
Father-in-Law <u>UNKNOWN</u>			
Mother-in-Law <u>UNKNOWN</u>			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
<u>ADENLE ADEGBORUNWA</u> Spouse <u>N/A</u>		<u>7319 CROW CANYON AVE LAS VEGAS, NV 89179</u>	<u>STUDENT/INDEPENDENT WORKER</u>
<u>LAILA ADEGBORUNWA</u> Spouse <u>N/A</u>		<u>7319 CROW CANYON AVE LAS VEGAS, NV 89179</u>	<u>N/A</u>
<u>ZYION ADEGBORUNWA</u> Spouse <u>N/A</u>		<u>7319 CROW CANYON AVE LAS VEGAS, NV 89179</u>	<u>N/A</u>
<u>DAVID ADEGBORUNWA</u> Spouse <u>N/A</u>		<u>GLAWEY, IRELAND</u>	<u>STUDENT</u>

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>LONGFORD INTERNATIONAL</u>	<u>NIGERIA</u>	<u>2002-2004</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>METHODIST GIRLS' HIGH</u>	<u>NIGERIA</u>	<u>1998-2002</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>COLLEGE OF SOUTHERN NEVADA</u>	<u>LAS VEGAS</u>	<u>2011-2014</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other <u>UNIVERSITY OF NEVADA</u>	<u>LAS VEGAS</u>	<u>2014 (CURRENT)</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any ASSOCIATES DEGREE CREDITS TRANSFERRED TOWARD BACHELORS DEGREE

College or university where obtained COLLEGE OF SOUTHERN NEVADA

Applicant's initial Ao Ade

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes No
 Branch N/A Date of entry-active service N/A
 Date of separation N/A Type of discharge N/A
 Rating at separation N/A Serial number N/A

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

B. Have you registered for the draft? Yes No
 County N/A State N/A Date registered N/A

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

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

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

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

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

Applicant's initial A-Ade
 Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes No (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes No If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A	N/A	N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
10/27/2010 - CURRENT	7319 CROWCANYON AVE	LAS VEGAS	NY 89179
11/2004 - 10/2010	663 IKERODU ROAD	WODE-ORILE	MILE 12, NIGERIA
BIRTH - 11/2004	10 TAPA STREET	EBUTE-METTA	Lagos, NIGERIA
N/A			

Applicant's initial A. Ade Page 5

9. CHARACTER REFERENCES:

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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>EBONKA FESTUS</u>	Home <u>9416 LEADERSHIP ST</u>	<u>LAS VEGAS</u>	<u>NV</u>	<u>89143</u>		<u>4 YEARS</u>
Employer <u>SELF EMPLOYED</u>	Business <u>EBONNY LLC</u>					
Name <u>TENYA DUCKETT</u>	Home <u>8903 CONRAD DR</u>	<u>SPRING VALLEY</u>	<u>CA</u>	<u>91977</u>		<u>4 YEARS</u>
Employer <u>RIVER SIDE COUNTY</u>	Business <u>PUBLIC HEALTH NURSE</u>					
Name <u>JOSHUA IGELKE</u>	Home <u>6582 CAVEROCK</u>	<u>LAS VEGAS</u>	<u>NV</u>	<u>89110</u>		<u>4 YEARS</u>
Employer <u>SELF</u>	Business <u>JC MEDICAL</u>					
Name <u>JOHN ANDRAE</u>	Home <u>6537 BLACKSTAR PT</u>	<u>LAS VEGAS</u>	<u>NV</u>	<u>89084</u>		<u>4 YEARS</u>
Employer <u>SELF</u>	Business <u>ABC PHARMACY</u>					
Name <u>CHIDI OHYIRIMBA</u>	Home <u>6515 SAMBA AVE</u>	<u>LAS VEGAS</u>	<u>NV</u>	<u>89139</u>		<u>4 YEARS</u>
Employer <u>SELF</u>	Business <u>UNIQUE CARE PHARMACY</u>					

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

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

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

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

Yes No

If yes, state type, where and years held

N/A

N/A

N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

N/A

Applicant's initial A Ade

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

N/A

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

N/A

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

N/A

N/A

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

N/A

N/A

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

N/A

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

N/A

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

N/A

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



Date of photograph 12/27/2014

Applicant's initial A-Ade

STATE OF Nevada

ss.

COUNTY OF Carik

I, ARINDLA L. ADEGBORUNA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

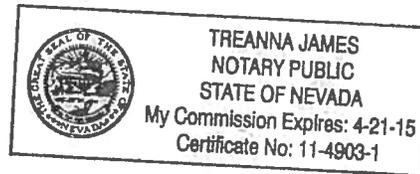
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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



Original Signature of Applicant

Subscribed and Sworn to before me this 29th day of 12-2014


Notary Public



(seal)

Applicant's initial A. Ade
Page 9

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order only, no cash)

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

First: Richard Middle: Alan Last: Singer Degree: MD

Practice Name (if any): PBS

Nevada Address: 7326 W. CHEYANNE AVE. Suite #:

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

City: Las Vegas State: NV Zip Code: 89129

PO Box:

Sex: M SS#: E-mail address:

Date of Birth: Work Telephone: 702-386-4704 Fax: 702 420-3660

Practitioner License Number: 2612 Specialty: General Practice

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

Table with columns for Yes/No and rows for physical condition, board citations, and discipline. Includes a section for explanation and documentation with sub-tables for Board Administrative and Criminal Actions.

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician 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.

Richard A Singer MD
Original Signature, no copies or stamps accepted.

10/07/2014
Date

Board Use Only: : Date Processed: 10/14/14 Amount: \$80.00

75081



NEVADA STATE BOARD OF MEDICAL EXAMINERS

[Search](#)

Licensee Details

Person Information
 Name: Richard Alan SINGER
 Address: 2809 Linkview Drive
 Las Vegas NV 89134
 Phone: 7025232700

License Information
 License Type: Medical Doctor
 License Number: 2612 Status: Active-Restricted
 Issue Date: 6/7/1972 Expiration Date: 6/30/2015

Scope of Practice

Scope of Practice: Anesthesiology

Education & Training

School: New Jersey Medical School / Newark, NJ
 Degree\Certificate: Doctor Degree
 Date Enrolled:
 Date Graduated: 6/5/1965
 Scope of Practice:

School: Beth Israel Medical Center / New York, NY
 Degree\Certificate: Internship
 Date Enrolled: 7/1/1965
 Date Graduated: 6/30/1966
 Scope of Practice: Rotating

School: Beth Israel Medical Center / New York, NY
 Degree\Certificate: Residency
 Date Enrolled: 7/1/1966
 Date Graduated: 6/30/1967
 Scope of Practice: Obstetrics/Gynecology

School: St. Joseph's Hospital / Phoenix, AZ
 Degree\Certificate: Residency
 Date Enrolled: 7/1/1967
 Date Graduated: 12/31/1968
 Scope of Practice: Obstetrics/Gynecology

School: Maricopa County Hospital / Phoenix, AZ
 Degree\Certificate: Fellowship
 Date Enrolled: 1/1/1969
 Date Graduated: 12/31/1970
 Scope of Practice: Anesthesiology

CURRENT EMPLOYMENT STATUS / CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION
 RESTRICTIONS ON LICENSE # 2612 ORDER REINSTATING LICENSE TO PRACTICE MEDICINE WITH RESTRICTION FROM PRACTICING GENERAL ANESTHESIA August 22, 2014 The Investigative Committee of the Nevada State Board of Medical Examiners filed an Order Reinstating License to Practice Medicine with Restriction from Practicing General Anesthesia. Dr. Singer is restricted from practicing general anesthesia, including, but not limited to, conscious sedation and/or deep sedation.
 ***** PROFESSIONAL LIABILITY

CLAIM, SETTLEMENT, OR JUDGMENT OF \$5,000 OR MORE: 1) Date Received by the Board: 1/22/1996 Reported by: Nevada Medical Professional Liability Date of Act/Omission: 8/1992 Details: Alleged negligent administration of Halothane resulting in brain damage. Medical Legal Screening Panel Finding: Reasonable probability of malpractice. Indemnity Paid: \$1,000,000 Total Pages: 1

Board Actions

REINSTATING LICENSE TO PRACTICE MEDICINE WITH RESTRICTION FROM PRACTICING GENERAL ANESTHESIA License # 2612 August 22, 2014 The Investigative Committee of the Nevada State Board of Medical Examiners filed an Order Reinstating License to Practice Medicine with Restriction from Practicing General Anesthesia. Dr. Singer is restricted from practicing general anesthesia, including, but not limited to, conscious sedation and/or deep sedation. bvr/ad. Order: 2 pages

***** ORDER LIFTING TWO RESTRICTIONS OF LICENSE TO PRACTICE MEDICINE AND MODIFYING TERMS OF NEUROPSYCHOLOGY EVALUATION License No. 2612 April 8, 2014 The Investigative Committee of the Nevada State Board of Medical Examiners issued an order lifting two restrictions of license to practice medicine and modifying terms of neuropsychology evaluation. Dr. Singer may supervise physician assistants, advance practice registered nurses and medical assistants. Dr. Singer may perform peripheral nerve blocks, including but not limited to, ankle and nerve block injections. Some terms of the upcoming neuropsychology evaluation were modified. bvr/ad Order Lifting Two Restrictions of License to Practice Medicine and Modifying Terms of Neuropsychology Evaluation:: 2 pages

***** AMENDED ORDER LIFTING SUMMARY SUSPENSION AND IMPOSING CONDITIONS OF LICENSE TO PRACTICE MEDICINE License No. 2612 January 6, 2014 The Investigative Committee of the Nevada State Board of Medical Examiners (Board) issued an amended order whereby it continued the lifting of the previous summary suspension and imposed the following terms and conditions of practice upon Richard Singer, M.D. (Respondent). Respondent is permanently restricted from practicing anesthesiology; Respondent's practice of medicine is confined to the Neuropathy and Pain Centers of Las Vegas; Respondent's practice of medicine shall be monitored by Dr. Odell; Dr. Odell shall monitor Respondent and shall report to the Board through its compliance officer every two (2) weeks, in writing, regarding Respondent's clinical performance; Respondent's practice of medicine is limited to performing history and physical examinations and serving as patient coordinator; Respondent shall not perform any procedures, give injections or write prescriptions for any controlled substance and/or dangerous drug; Respondent may issue orders for equipment such as scooters, stimulators, canes, etc., as required by Medicare and/or Medicaid; Respondent shall not supervise any physician assistants or advance practice registered nurses; and, Respondent may supervise medical assistants. bvr Amended Order Lifting Summary Suspension and Imposing Conditions of License to Practice Medicine: 3 pages

***** ORDER OF SUMMARY SUSPENSION August 31, 2012 The Investigative Committee of the Nevada State Board of Medical Examiners summarily suspended the license of Richard Alan Singer, M.D., to practice medicine in the state of Nevada pursuant to Nevada Revised Statute Section 630.326(1). The Committee believes that due to the recent voluntary surrenders of privileges at two (2) Las Vegas hospitals and Dr. Singer's stated intent to continue the active practice of medicine in Nevada, the health, safety and welfare of the public is at imminent risk of harm and that a summary suspension of Dr. Singer's license to practice is necessary to remove said risk of imminent harm to the health, safety and welfare of the public. bvr Order of Summary Suspension: 2 pages

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocity.

Total Fee: \$330.00 (non-refundable, money order only, no cash)

Complete Name (no abbreviations):

First: Venus Middle: _____ Last: Vedadi

Mailing Address: 75 N Valle Verde Dr. # 521

City: Henderson State: NV Zip Code: 89074

Telephone: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: Iran

Social Security Number: _____ (Required) Sex: M or F

College of Pharmacy Information

Graduation Date: 11/10/14
(mm/dd/yy)

Degree Received: PharmD BS in Pharmacy Other (check one)

Name of Pharmacy School: Roseman University of Health Sciences

Location of School: Henderson - Nevada

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
<u>Ca</u>	<u>IN T29315</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Attach separate sheet if necessary

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

Yes No

- Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?........
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?........
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?........
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.......

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action: <i>NV Board of pharmacy</i>	State: <i>NV</i>	Date: <i>031051 2014</i>	Case #:		
Criminal Action:	State:	Date: <i>/ /</i>	Case #:	County:	Court:

FEDERALLY MANDATED REQUIREMENTS

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

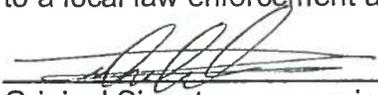
4. Are you the subject of a court order for the support of a child?.....Yes No
- 4a. If you marked Yes, to the question 4, are you in compliance with the court order?....** Yes No

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

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist 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 10/29/2014

Board Use Only	Processed: <u>11/17/14</u>	Amount: <u>\$330.00</u>	Entity #: <u>58032</u>
Laws _____	NAPLEX _____	MPJE _____	



Nevada State Board of Pharmacy

431 W. Plumb Lane • Reno, NV 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pedwards@pharmacy.nv.gov • Web Page: bop.nv.gov

February 12, 2014

VIA CERTIFIED U.S. MAIL AND EMAIL

Venus Vedadi
75 N. Valle Verde Dr., #521
Henderson, NV 89074

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

Dear Ms. Vedadi:

As you know, your Nevada registration as an intern pharmacist (#IN03221) expired on October 31, 2012. The Nevada State Board of Pharmacy (Board) has confirmed, however, that you continued to work as an intern at various Nevada-licensed pharmacies without a current registration until January 2014. 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. Your work as an unregistered intern therefore 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 an intern pharmacist. You may not return to work until your registration has been renewed.

Secondly, this letter shall serve as a CITATION pursuant to NRS 639.2895(2), citing you for the unauthorized practice of pharmacy. The Board has assessed against you an administrative fine of \$500.00 in association with this citation. You shall pay this administrative fine within 30 days of receipt of this citation. Payment must be by *cashier's check, certified check or money order* made payable to the "Nevada State Board of Pharmacy." Send payment 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 renew your registration. A hearing on that matter is scheduled to occur on Wednesday, March 5, 2014, at the Board's regularly scheduled meeting in Reno, Nevada. The hearing will be held at 10:00 am in the first floor conference room at the Hyatt Place, located at 1790 E. Plumb Lane in Reno.

Feel free to contact me if you have questions.

Best regards,

A handwritten signature in cursive script, appearing to read "S. Paul Edwards".

S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

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

March 5, 2014 Board Meeting

5. Request for Renewal of Intern License

Venus Vedadi

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

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

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

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

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

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

Board Action:

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

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

Second: Tallie Pederson

Action: Passed Unanimously



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

November 10, 2014

To Whom It May Concern:

I am writing to inform you that Venus Vedadi has completed the requirements for graduation from the College of Pharmacy at Roseman University of Health Sciences. She has passed all required courses and completed 1372 hours as a part of Roseman's experiential program.

Ms. Vedadi was cleared for graduation on Friday, November 7, 2014. Her official graduation date is Monday, November 10, 2014.

Thank you for your time and attention to this letter. Please let me know if I can provide you with any other information.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott K. Stolte", is written over a horizontal line.

Scott K. Stolte, Pharm.D.
Dean, College of Pharmacy

Venus Vedadi
75 N Valle Verde Dr. #521
Henderson NV 89074

Nevada State Board of Pharmacy
431 W Plumb Ln, Reno, NV 89509
December 1, 2014

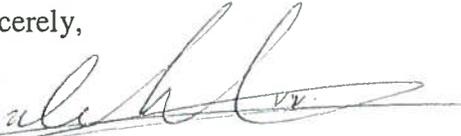
To Nevada State Board of Pharmacy,

I included the letters of recommendation from my preceptors. The letter from school will be sent directly. During my last few rotations I learned the significance of following the law and practicing under a valid license.

I am excited to be finished with my intern hours and start working as a pharmacist. My desires are to provide a safe environment for patients and help them enhance their health and wellbeing. I am confident I have what it takes to be good pharmacist.

I would like to apologize for this predicament and promise to be professional. I have learned my lesson and I will make sure to satisfy my requirements to be a responsible pharmacist.

Sincerely,



Venus Vedadi



To whom it may concern,

I have had the pleasure of having Venus Vedadi as a pharmacy intern on her Advanced Community rotation in MTM Services.

On her first day of rotation she presented her active intern license and the day after she renewed her intern license she presented the new license. Venus was on time every day and fulfilled her 40 hours a week of required time, sometimes more.

Venus did not fail to sign in per Nevada law and she was quizzed weekly on both Nevada and Federal laws pertaining to pharmacy.

With her great personality with both my staff, my self, and my patients, I have no problem stating that she will be an outstanding pharmacist.

Sincerely,

Nolan J. Bauer, Pharm.D



11/5/14





DESERT SPRINGS HOSPITAL

MEDICAL CENTER

A Member of The Valley Health System

2075 East Flamingo Road
Las Vegas, NV 89119

DEPARTMENT OF PHARMACY

Jim Tran, PharmD, BCPS
Clinical Manager

November 19th, 2014

Re: Venus Vedadi

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

Dear Board Members,

I have been acquainted with Ms. Venus Vedadi for the past 3 months in my capacity as her preceptor. During her time as an Intern at Desert Springs Hospital, Ms. Vedadi has developed a professional maturity that I often see in graduating Pharmacy students. She is empathetic when she interacts with patients; she is respectful and confident when she interacts with her peers or other healthcare professionals. Additionally, Ms. Vedadi accepts constructive criticisms to further improve her skills. She demonstrated accountability by turning in her projects and assignments on time. With these positive personal and professional characteristics, I am confident that she will be a capable, reliable, and successful future pharmacist.

Best regards,

Jim Tran, PharmD, BCPS

DEC - 4 2014

November 23, 2014

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

Subject Preceptor letter for Venus Vedadi

Venus, a P 3 student from Roseman University College of Pharmacy, completed a 6 week (240 hours) rotation at the HealthSouth Rehabilitation Hospital of Las Vegas. The Clinical rotation started March 31, 2104 and ended on May 5, 3013

Venus completed all of her assignments including attending and team conferences, going on rounds with physicians, Medication Reconciliation, and a Disease State Management presentation to the staff.

Venus utilized her knowledge and experience enabled her to make significant contributions to the care of our patients.

She has the ability to complete her assignments on a time and with little direction.
Venus has the potential to make contributions to the profession.
The hospital staff and the patients enjoyed having interactions with Venus

Sincerely



Ivan Lambert
Director of Pharmacy Services
HealthSouth Rehabilitation Hospital of Las Vegas
Western Region Director of Pharmacy Services

DEC - 4 2014



Diabetes & Obesity Lifestyle-MTM Pharmacy
801 S. Rancho Drive Suite A4, Las Vegas, NV 89106

www.dolcrx.com
Phone: 702-436-5279 Fax: 702-776-8201

November 18, 2014

Dear Members of the Board of Pharmacy,

I have been asked by Mrs. Venus Vedadi to provide you with a letter of recommendation in support of her application for pharmacist license in Nevada. Mrs. Vedadi completed the Ambulatory Care-Diabetes Clinical rotation 3.2 from July 7 to August 15, 2014 at my pharmacy *Diabetes Obesity Lifestyle Consultant Pharmacy (DOLCrX)*, Las Vegas, NV. As her preceptor I feel qualified to judge not only her academic skills, but also her skills in working with other students, following instructions and working with patients.

In my Ambulatory Care Diabetes Clinic, Mrs. Vedadi has been an extremely successful intern. She listens when consulting with patients and participates confidently in discussions. In patient consultation, she is usually in her seat getting ready ten minutes before the patients arrive. She reviews each patient's chart ahead of appointments so she is well prepared for each patient. In the pharmacy, she listens carefully and makes sure she understands not only the details of what we are doing, but she also asks questions about how and why we make different therapeutic changes for similar patients. She does an excellent job of staying focused and on task with her work, but she also takes the time to help other students when they develop problems with their patient cases.

Venus Vedadi is talented at motivating patients to initiate lifestyle changes and adhere to their medication therapy. She did research on her own time to develop a series of worksheets to help patients initiate changes and track the benefits of each change. Mrs. Vedadi wrote the most complete patient assessments (SOAP). She addresses the patient as a whole person and refers the patients to specialists when appropriate, rather than ignoring non-diabetic quality of life issues.

Based on my observations and conversations with Mrs. Vedadi, it is my judgment that she would make an excellent pharmacist. She certainly has the intelligence to learn and understand the practice of pharmacy. She has the determination to not only do well, but she pushes herself to excel in all her work. She has both pharmacy and communication skills and experience to supplement her educational skills. And to me, most importantly, she has the drive and desire to succeed in a career as a Pharmacist. If I had an opening, I would offer her a position.

Sincerely Yours,

Khanh Pham, Pharmacy Director
Diabetes & Obesity Lifestyle Consultants



November 12, 2014

To whom it my concern,

I had the opportunity to have Ms. Venus Vedadi as a pharmacy intern and I can testify to her outstanding work and exemplary organizational skills and talent. During this time, she proved to be an extremely intelligent and responsible individual. Her attitude is always positive and she finds goodness in everything. She loves learning and is always passionate to seek knowledge and improves her skills.

Ms. Vedadi is reliable and I have no doubt that she will excel as a capable pharmacist. Her positive attitude and great communication skills creates a delightful environment for patients and rest of the pharmacy staff. My patients have positive experiences with her, and have personally requested her services, upon return visits to the pharmacy.

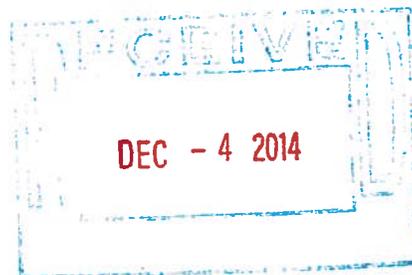
I am convinced that Ms. Vedadi will be a great pharmacist and I am confident to recommend her as a professional.

If you have any additional questions, or require any additional information, please feel free to contact me at (702) 272-0400.

Sincerely,



Sima Moghadam, Pharm.D
MLK Pharmacy



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DISCUSSION AND DETERMINATION – JANUARY, 2015

Unlicensed MDEG Businesses

Board Staff and Board Members have become increasingly frustrated with the constant parade of MDEG businesses who have been operating “under the radar” unlicensed with the Board of Pharmacy as required by law, until they desire to bill Medicare and Medicaid and need our license to do so. They then make application; appear before you; and claim ignorance, usually leaving with their desired license.

The question then becomes: what else can we do? They have no license on which we can take an action and many have been operating for years.

Consideration: Our newly granted “cite and fine” authority designed for unlicensed activity. Your thoughts??

TEMPORARY LICENSES
(Issued since last board meeting)

Southern Hills Hospital and Medical Center

Phyllis Arakaki

PHARMACY DIVERSION AWARENESS CONFERENCE

hosted by the
Drug Enforcement Administration

Designed for Pharmacists, Pharmacy
Technicians, and Loss Prevention Personnel

Saturday, February 7, 2015

or

Sunday, February 8, 2015

Location:

South Point Hotel
Casino & Spa
9777 Las Vegas Blvd S.
Las Vegas, NV 89183

Time:

Check-in: 7:00am – 8:00am
Conference: 8:30am – 5:00pm

Complete conference information and registration is
available at www.DEAdiversion.usdoj.gov



Continuing Education Credits Available for
Pharmacists and Pharmacy Technicians



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

**Nevada Prescription Drug Abuse
Prevention Video Contest
Winners' Luncheon
December 10, 2014
Governor's Mansion, Nevada Room**

Welcome

Catherine Cortez Masto
Nevada Attorney General

Remarks

Larry Pinson
Executive Secretary, Nevada State Board of Pharmacy

Dave Marlon
President, Solutions Recovery, Inc.

Special Presentation of Awards

Linda Lang
Director, Nevada Statewide Coalition Partnership

Honorees:

Nikki Hamada and Matt McKinley, Reno High School, YouTube Category
Zachary Trone and Gabriel Lawrence, Boulder City High School, Instagram Category
Matthew Loudenclos, Washoe Innovations School, Vine Category

Closing Remarks

Catherine Cortez Masto
Nevada Attorney General

Sponsored by the Nevada Statewide Coalition Partnership with support from the Nevada Division of Public and Behavioral Health and the Nevada State Board of Pharmacy



Nevada State Board of Pharmacy

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(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

DECEMBER 3rd, 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 December, 2014 Board meeting.

Licensing Activity:

- 9 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 23 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state.
- 24 licenses were granted for Out-of-State wholesalers.
- 4 licenses were granted for a Nevada MDEG license.
- 21 licenses were granted for Nevada pharmacies.
- 1 application for a Nevada Warehouse was granted.
- 1 application for a Nevada Wholesaler was granted.

Disciplinary Actions:

- Pharmacy PP (an out-of-state pharmacy) was placed on probation and fined \$1000 as a parallel action to the California Board of Pharmacy's action against this pharmacy for numerous violations. Nevada's probation will remain in effect until the California Board lifts their probation.
- Physician MAP stipulated to allow certain evidence presented by the Board of Pharmacy in their case against her controlled substance registration.

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.

- The Bowl of Hygeia (a National Award for a Nevada Pharmacist) was presented to Christopher J. Shea, R.Ph. for his outstanding contributions to both our profession and his community.

Workshop:

Amendment of Nevada Administrative Code 453.510 Schedule I. Additions to Schedule I per request from Las Vegas Metro Police Department.

Public Hearing:

Amendment of Nevada Administrative Code 453.520 and 453.530 On August 22, 2014, the Federal Drug Enforcement Agency (DEA) published a final ruling in the Federal Register rescheduling hydrocodone combination products from Schedule III to Schedule II of the Controlled Substances Act. The rule became effective October 6, 2014.

The proposed amendment will bring the treatment of hydrocodone in Nevada's controlled substance regulations, whether produced as a single-entity product or in combination with any other active ingredient, into conformity with current federal regulations, with which Nevada pharmacists are required to comply.

NAC 639.050 Storage and destruction of certain controlled substances. (NRS 639.070)

1. Upon the discontinuance of a controlled substance, a controlled substance becoming outdated or the demise of a patient at a facility for skilled nursing or facility for intermediate care which is licensed by the Division of Public and Behavioral Health of the Department of Health and Human Services, any remaining controlled substance dispensed to the patient must be placed in a secured locked compartment. The controlled substance must be secured in the locked container until destroyed in the manner prescribed in NAC 639.498.

2. Each practitioner or pharmacy shall physically separate each controlled substance which is outdated, damaged, deteriorated, misbranded or adulterated from the balance of its stock medications. The practitioner or pharmacy shall destroy such controlled substances at least once each year. The practitioner or pharmacy shall complete Form DEA-41 of the Drug Enforcement Administration, "Registrants Inventory of Drugs Surrendered," to acknowledge the destruction of the controlled substances.

3. This section does not apply to controlled substances packaged in manufacturer's unit-dose packages which are governed by the provisions of NRS 639.267.

4. **Manufacturers, wholesalers, hospitals with an on-site pharmacy, and retail pharmacies may voluntarily administer mail-back programs and maintain collection receptacles. These entities must obtain registration as an authorized collector from the Drug Enforcement Agency to accept controlled substances from an ultimate user. Authorized collectors shall notify the Board in writing of their DEA registration. Authorized collectors must adhere to the disposal regulations incorporated in 21 C.F.R. parts 1300, 1301, 1304, 1305, 1307, and 1317. A copy of the completed DEA-41 form must be submitted to the Board. Authorized hospitals/clinics and retail pharmacies may voluntarily maintain collection receptacles at long-term care facilities.**

NAC 639.498 Destruction of certain controlled substances: Requirement; procedure. (NRS 639.070, 639.071)

1. Except as otherwise provided in subsection 2:

(a) At least once each month, the director or a licensed consulting pharmacist shall destroy, on the premises of the facility, the controlled substances described in subsection 1 of NAC 639.050.

(b) If the director destroys the controlled substances, the licensed consulting pharmacist shall witness the destruction of the controlled substances. If the licensed consulting pharmacist destroys the controlled substances, the director shall witness the destruction of the controlled substances.

2. The director may designate a nurse licensed pursuant to chapter 632 of NRS to carry out his or her duties pursuant to this section. The licensed consulting pharmacist may designate a pharmacist licensed pursuant to chapter 639 of NRS to carry out his or her duties pursuant to this section.

3. The controlled substances must be destroyed **in compliance with disposal regulations incorporated in 21 C.F.R. parts 1300, 1301, 1304, 1305, 1307, and 1317. by:**

~~(a) Flushing them down the toilet or hopper;~~

~~—(b) If a container for waste disposal is used, placing the controlled substances in the water in the container for disposal; or~~

~~—(c) If the controlled substance is stored in a vial, ampule or other glass container, breaking the container and placing its contents into a container for waste disposal.~~



FEDERAL REGISTER

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No. 174

Tuesday,
September 9, 2014

Part II

Department of Justice

Drug Enforcement Administration

21 CFR Parts 1300, 1301, 1304, et al.

Disposal of Controlled Substances; Final Rule

DEPARTMENT OF JUSTICE

Drug Enforcement Administration

21 CFR Parts 1300, 1301, 1304, 1305, 1307, and 1317

[Docket No. DEA-316]

RIN 1117-AB18

Disposal of Controlled Substances

AGENCY: Drug Enforcement Administration (DEA), Department of Justice.

ACTION: Final rule.

SUMMARY: This rule governs the secure disposal of controlled substances by registrants and ultimate users. These regulations will implement the Secure and Responsible Drug Disposal Act of 2010 by expanding the options available to collect controlled substances from ultimate users for the purpose of disposal, including: Take-back events, mail-back programs, and collection receptacle locations. These regulations contain specific language allowing law enforcement to voluntarily continue to conduct take-back events, administer mail-back programs, and maintain collection receptacles. These regulations will allow authorized manufacturers, distributors, reverse distributors, narcotic treatment programs (NTPs), hospitals/clinics with an on-site pharmacy, and retail pharmacies to voluntarily administer mail-back programs and maintain collection receptacles. In addition, this rule expands the authority of authorized hospitals/clinics and retail pharmacies to voluntarily maintain collection receptacles at long-term care facilities. This rule also reorganizes and consolidates previously existing regulations on disposal, including the role of reverse distributors.

DATES: *Effective Date:* This rule is effective October 9, 2014.

Compliance Date: All Memoranda of Agreement (MOAs) and Memoranda of Understanding (MOUs) issued pursuant to current 21 CFR 1307.21 will not be effective after October 9, 2014. Registrants may consult § 1317.05(a)(5) for information on requesting new MOAs and MOUs for disposal of controlled substances.

FOR FURTHER INFORMATION CONTACT: Imelda L. Paredes, Office of Diversion Control, Drug Enforcement Administration; Mailing Address: 8701 Morrisette Drive, Springfield, Virginia 22152; Telephone: (202) 598-6812.

SUPPLEMENTARY INFORMATION:

Outline

- I. Executive Summary
 - A. Purpose of the Regulatory Action
 - B. Summary of the Major Provisions of the Regulatory Action
 - C. Summary of Changes in the Final Rule
- II. Background and Legal Authority
- III. Discussion of Comments
 - A. Support for the Proposed Rule (1 Issue)
 - B. Definitions and Terms (12 Issues)
 - C. Types of Entities That May Operate a Collection Program (9 Issues)
 - D. Locations Where Authorized Collectors May Maintain Collection Receptacles or Host Take-Back Events (1 Issue)
 - E. Registration Requirements for Authorized Collectors (5 Issues)
 - F. Law Enforcement (7 Issues)
 - G. Collection Receptacle Design, Inner Liners, Placement, and Security (24 Issues)
 - H. Mail-Back Programs (11 Issues)
 - I. Take-Back Events (6 Issues)
 - J. Prohibition on Handling, Sorting, and Inventorying Inner Liner Contents and Mail-Back Package Contents (8 Issues)
 - K. Long-Term Care Facilities (LTCFs) (21 Issues)
 - L. Disposing on Behalf of Ultimate Users (Other than Residents of LTCFs) (3 Issues)
 - M. Registrant Return, Recall, and Transfer (3 Issues)
 - N. Destruction (19 Issues)
 - O. Economic Concerns (18 Issues)
 - P. Recordkeeping and Reporting (8 Issues)
 - Q. Hazardous Materials Transportation and Hazardous Waste Destruction (3 Issues)
 - R. Transporting Collected Substances (3 Issues)
 - S. Miscellaneous Comments (2 Issues)
- IV. Regulatory Analyses

I. Executive Summary

A. Purpose of the Regulatory Action

On October 12, 2010, the Secure and Responsible Drug Disposal Act of 2010 (Disposal Act) was enacted (Pub. L. 111-273, 124 Stat. 2858). Before the Disposal Act, ultimate users who wanted to dispose of unused, unwanted, or expired pharmaceutical controlled substances had limited disposal options. The Controlled Substances Act (CSA) only permitted ultimate users to destroy those substances themselves (e.g., by flushing or discarding), surrender them to law enforcement, or seek assistance from the United States Drug Enforcement Administration (DEA). These restrictions resulted in the accumulation of pharmaceutical controlled substances in household medicine cabinets that were available for abuse, misuse, diversion, and accidental ingestion.

The Disposal Act amended the CSA to authorize ultimate users to deliver their pharmaceutical controlled substances to another person for the purpose of disposal in accordance with regulations

promulgated by the Attorney General. 21 U.S.C. 822(g), 828(b)(3). This final rule implements regulations that expand the entities to which ultimate users may transfer unused, unwanted, or expired pharmaceutical controlled substances for the purpose of disposal, as well as the methods by which such pharmaceutical controlled substances may be collected. Specified entities may voluntarily administer any of the authorized collection methods in accordance with these regulations.

B. Summary of the Major Provisions of the Regulatory Action

The DEA is implementing new regulations for the disposal of pharmaceutical controlled substances by ultimate users in accordance with the Disposal Act. In drafting the implementing regulations, the DEA considered the public health and safety, ease and cost of program implementation, and participation by various communities. To this end, the DEA found that in order to properly address the disposal of controlled substances by ultimate users, it was necessary to conduct a comprehensive review of DEA policies and regulations related to each element of the disposal process, including the transfer, delivery, collection, destruction, return, and recall of controlled substances, by both registrants and non-registrants (i.e., ultimate users). The reverse distributor registration category, which is pertinent to the process of registrant disposal, was included in this comprehensive review. These regulations are incorporated into a new part 1317 on disposal. Definitions relating to the disposal of controlled substances are added to § 1300.05(b), including definitions for "employee," "law enforcement officer," "non-retrievable," and "on-site" and definitions relating to controlled substances generally are revised or added to § 1300.01.

The goal of this new part on disposal, consistent with Congress's goal in the Disposal Act, is to set parameters for controlled substance diversion prevention that will encourage public and private entities to develop a variety of methods for collecting and destroying pharmaceutical controlled substances in a secure, convenient, and responsible manner. Also, consistent with the Disposal Act's goal to decrease the amount of pharmaceutical controlled substances introduced into the environment, particularly into the water, these regulations provide individuals with various additional options to dispose of their unwanted or unused pharmaceutical controlled substances beyond discarding or

flushing the substances. As a result of these regulations, the DEA hopes that the supply of unused pharmaceutical controlled substances in the home will decrease, thereby reducing the risk of diversion or harm.

Ultimate User Disposal

An ultimate user is defined by the CSA as a "person who has lawfully obtained, and who possesses, a controlled substance for his own use or for the use of a member of his household or for an animal owned by him or by a member of his household." 21 U.S.C. 802(27). This rule provides three voluntary options for ultimate user disposal: (1) Take-back events, (2) mail-back programs, and (3) collection receptacles. Individuals lawfully entitled to dispose of an ultimate user decedent's property are authorized to dispose of the ultimate user's pharmaceutical controlled substances by utilizing any of the three disposal options. All of the collection methods are voluntary and no person is required to establish or operate a disposal program. The rule also does not require ultimate users to utilize any of these three methods for disposal of controlled substances. Although the three methods of disposal allowed by this rule seek to help protect the environment and prevent controlled substances from being diverted to illicit uses, this rule does not prohibit ultimate users from using existing lawful methods.

The DEA regulations provide specific language that will continue to allow Federal, State, tribal, and local law enforcement to maintain collection receptacles at the law enforcement's physical location; and either independently or in partnership with private entities or community groups, to voluntarily hold take-back events and administer mail-back programs. 21 CFR 1317.35. Thus, ultimate users will continue to be able to surrender their unwanted pharmaceutical controlled substances to law enforcement.

The DEA is also authorizing certain registrants (manufacturers, distributors, reverse distributors, narcotic treatment programs (NTPs), hospitals/clinics with an on-site pharmacy, and retail pharmacies) to be "collectors," with authorization to conduct mail-back programs. 21 CFR 1317.40 and 1317.70. All registrants that choose to establish mail-back programs must provide specific mail-back packages to the public, either at no cost or for a fee, 21 CFR 1317.70. Collectors that conduct mail-back programs must have and utilize an on-site method of destruction to destroy returned packages, 21 CFR 1317.05.

These DEA regulations authorize collectors to maintain collection receptacles at their registered location. 21 CFR 1317.40. Thus, ultimate users will be able to carry their unwanted pharmaceutical controlled substances to an authorized retail pharmacy or other authorized collector location and deposit those controlled substances in a secure container for disposal. Hospitals/clinics and retail pharmacies that are authorized to be collectors may also maintain collection receptacles at long-term care facilities (LTCFs). 21 CFR 1317.40. LTCFs may dispose of pharmaceutical controlled substances on behalf of an ultimate user who resides, or has resided, at that LTCF, 21 CFR 1317.80, through a collection receptacle that is maintained by an authorized hospital/clinic or retail pharmacy at that LTCF. 21 CFR 1317.40 and 1317.80.

With this rule, the DEA allows all pharmaceutical controlled substances collected through take-back events, mail-back programs, and collection receptacles to be comingled with non-controlled substances, although such comingling is not required. 21 CFR 1317.65, 1317.70, and 1317.75. Pharmaceutical controlled substances collected by collectors may not be individually counted or inventoried. 21 CFR 1317.75. This rule also imposes various registration, security, and recordkeeping requirements.

The DEA appreciates there is a cost to entities that choose voluntarily to provide these methods of collection and destruction. The DEA acknowledges that some State and local pharmaceutical disposal programs receive funding and other support from numerous sources, including conservation groups, local governments, State grants, and public and private donations. These expanded methods of disposal are expected to benefit the public by decreasing the supply of pharmaceutical controlled substances available for misuse, abuse, diversion, and accidental ingestion, and protect the environment from potentially harmful contaminants by providing alternate means of disposal for ultimate users. However, other advantages may accrue directly to those entities that opt to maintain a disposal program. For example, those authorized registrants that choose to maintain collection receptacles may be enhanced by the increased consumer presence at their registered locations and the goodwill that develops from providing a valuable community service. In addition, mail-back program collectors may partner with third parties to make mail-back packages available to the public. Those

authorized registrants that choose to administer mail-back programs may gain from the opportunity to distribute to consumers promotional, educational, or other informational materials with the mail-back packages.

DEA Registrant Disposal

The DEA has deleted the existing rule related to registrant disposal, 21 CFR 1307.21, and incorporated similar requirements on proper disposal procedure and security in a new part 1317 on disposal. These changes provide consistent disposal procedures for each registrant category, regardless of geographic location. In addition, the DEA has modified DEA Form 41 and is explicitly requiring that form to be used to record the destruction of controlled substances that remain in the closed system of distribution and also to account for registrant destruction of pharmaceutical controlled substances collected from ultimate users and other non-registrants pursuant to the Disposal Act. As stated in the NPRM, a controlled substance dispensed for immediate administration pursuant to an order for medication in an institutional setting remains under the custody and control of that registered institution even if the substance is not fully exhausted (*e.g.*, some of the substance remains in a vial, tube, transdermal patch, or syringe after administration but cannot or may not be further utilized, commonly referred to as "drug wastage" and "pharmaceutical wastage"). Such remaining substance must be properly recorded, stored, and destroyed in accordance with DEA regulations (*e.g.*, § 1304.22(c)), and all applicable Federal, State, tribal, and local laws and regulations, although the destruction need not be recorded on a DEA Form 41.

Reverse Distributors

The DEA is providing regulations for entities that reverse distribute that are clear and consistent. Entities that reverse distribute are often the last registrant to possess controlled substances prior to destruction; however, the recordkeeping safeguards that exist when controlled substances are distributed between registrants are not present when these registrants destroy controlled substances. Because reverse distributors routinely acquire controlled substances for destruction from other registrants and may also be authorized as collectors, reverse distributors accumulate greater amounts of controlled substances that are destined for destruction in comparison to other registrants. The DEA is defining "reverse distribute;" revising the definition of "reverse distributor;" (21

CFR part 1300) outlining security (21 CFR part 1301), inventory, recordkeeping requirements, and other procedures that reverse distributors must follow to acquire controlled substances from registrants and to destroy such acquired substances. 21 CFR part 1304. The DEA also is clarifying that these security, inventory, and recordkeeping requirements apply to certain specified entities that reverse distribute but are not registered as reverse distributors. *See, e.g.*, 21 CFR 1304.11(e)(3) (“each person registered or authorized to reverse distribute”). The DEA believes that these regulations will help all registrants that reverse distribute comply with the CSA in a manner that decreases the risk of the diversion of controlled substances during the disposal process.

Return and Recall

This rule removes the existing regulation on return and recall, 21 CFR 1307.12, and incorporates separate return and recall requirements for registrants and non-registrants into new §§ 1317.10 and 1317.85. This rule also imposes various recordkeeping requirements pertaining to controlled substances acquired for the purpose of return or recall in §§ 1304.22 and 1305.03. The DEA has simplified the requirements of § 1317.10(a) to more clearly describe the records that registrants must keep.

Methods of Destruction

Existing DEA regulations do not specify a standard to which controlled substances must be destroyed. With this final rule, the DEA is implementing a standard of destruction—non-retrievable—for registrants that destroy controlled substances, and procedures for the destruction of controlled substances. 21 CFR 1300.05 (“non-retrievable”), 1317.90, and 1317.95. The DEA is not requiring a particular method of destruction, so long as the desired result is achieved. This standard is intended to allow public and private entities to develop a variety of destruction methods that are secure, convenient, and responsible, consistent with preventing the diversion of such substances. Destruction of controlled substances must also meet all other applicable Federal, State, tribal, and local laws and regulations. Once a controlled substance is rendered “non-retrievable,” it is no longer subject to the requirements of the DEA regulations.

As explained above under “Compliance Date,” this final rule supersedes all existing MOAs and MOUs that registrants may have

pursuant to § 1307.21, including MOAs and MOUs pertinent to storage of controlled substances. The DEA retains in the new part 1317 the ability for practitioners to request assistance from the local Special Agent in Charge (SAC) regarding the disposal of controlled substances. 21 CFR 1317.05. Practitioners may request a new MOA or MOU pursuant to the new § 1317.05(a)(5).

C. Summary of the Changes in the Final Rule

The DEA carefully considered the 192 individually-submitted comments received in response to the Notice of Proposed Rulemaking (NPRM) on the Disposal of Controlled Substances.¹ 77 FR 75784, Dec. 21, 2012. The comment period closed on February 19, 2013. The DEA is making a number of significant changes after thorough consideration of the issues raised by the comments and the potential diversion risks associated with these changes.

In response to concerns regarding ultimate users’ ability to have convenient disposal options, the DEA is vastly expanding those entities that may be authorized as collectors, expanding the authority of those collectors to maintain collection receptacles at LCTFs, and relaxing some of the proposed security requirements related to storage and destruction of controlled substances.

Authorized Collectors

In addition to manufacturers, distributors, reverse distributors, and retail pharmacies, the final rule also authorizes registered NTPs, as well as hospitals/clinics with an on-site pharmacy, to operate disposal programs. 21 CFR 1317.40. By permitting these additional registrant categories to be collectors, the DEA anticipates that ultimate users will now have even more locations where they can securely, safely, responsibly, and conveniently dispose of their unwanted pharmaceutical controlled substances.

In this final rule, the DEA is permitting those entities registered as NTPs to become authorized collectors to manage collection receptacles at their registered locations. As stated in the Disposal Act, “the nonmedical use of prescription drugs is a growing problem in the United States.” Multiple commenters, including a national organization that represents NTPs, recommended that the DEA include

NTPs as authorized collectors. The DEA recognizes the valuable role that NTPs have in helping those seeking substance abuse treatment. After considering the importance of providing secure, convenient, and responsible disposal options for those ultimate users currently receiving treatment for narcotic substance abuse or entering a narcotic treatment program, and the benefits of allowing NTPs to provide the opportunity to patients to dispose of unused controlled substances, the DEA is permitting NTPs to be collectors with certain enhanced security controls. 21 CFR 1317.75.

Due to the nature of the healthcare provided, NTPs face unique security challenges and heightened diversion risks and, as such, the final rule requires NTPs to securely place and maintain collection receptacles in a room that does not contain any other controlled substances and is securely locked with controlled access. 21 CFR 1317.75. The DEA understands that this security measure will require employees of the NTP to accompany the patient to the collection receptacle to facilitate the patient’s disposal. *See* 21 CFR 1317.75. Additionally, as the Disposal Act and these regulations are intended to address the *prescription* drug abuse problem, NTPs and other collectors are not authorized to collect schedule I controlled substances. *E.g.*, 21 CFR 1317.75. Collectors must be vigilant in ensuring that such illicit substances are not collected intentionally or inadvertently. *E.g.*, 21 CFR 1317.70 and 1317.75.

After extensive review and careful deliberation, in this final rule, the DEA is also permitting registered hospitals/clinics with an on-site pharmacy to become authorized collectors to maintain collection receptacles inside their registered locations or at LCTFs, and to conduct mail-back programs. 21 CFR 1317.30, 1317.40, 1317.70, and 1317.80. In response to the NPRM, many commenters stated that collection receptacles located inside of hospitals would provide ultimate users with an opportunity to dispose of medication that may no longer be needed or may be expired. In determining whether to allow hospitals/clinics to become authorized collectors, the DEA carefully weighed the diversion risks with the convenience of authorizing such entities to be collectors. The DEA determined that the diversion risks require the DEA to limit those registered hospitals/clinics that may become collectors to those with on-site pharmacies, and also impose separate security conditions on the monitoring and location of collection receptacles inside hospitals/

¹ All of the comments submitted, except two comments, are available for public inspection online at www.regulations.gov. Two comments are not posted (at the commenters’ request) in order to protect confidential business information.

clinics that become authorized collectors. 21 CFR 1317.75.

The DEA is requiring these additional security measures in order to help protect against the diversion of collected controlled substances because hospitals/clinics are generally much larger and are open to a much larger general population than the other registrants authorized to be collectors; and, as discussed in the NPRM, hospitals/clinics do not operate under the same business model or with similar theft and loss prevention procedures as the other registrants authorized to become collectors. For example, the general public typically enters retail pharmacies for short durations in order to conduct retail business and retail pharmacies generally have open, clearly observable common areas with little opportunity to conceal an unlawful purpose. It would be unusual and suspicious for a person to spend an extended amount of time in a retail pharmacy without a known, specific purpose, triggering routine theft and loss prevention measures.

In contrast, hospitals are generally open 24-hours per day and allow for unsupervised public access for extended periods of time; they are much larger than retail pharmacies and many interactions occur behind closed doors without routine theft and loss prevention measures; and foot traffic generally is not routinely monitored for unlawful purposes. The DEA believes that limiting authorized collection activities to hospitals/clinics with an on-site pharmacy is necessary to help protect against diversion because these hospitals/clinics routinely handle a large volume of controlled substances that are dispensed to in-patients as well as to the public, and these entities are more experienced with security, theft and loss prevention procedures, and inventory, recordkeeping and reporting requirements than those hospitals/clinics without an on-site pharmacy.

For reasons discussed in the NPRM, this final rule generally requires that, when authorized collectors choose to install collection receptacles, those collection receptacles must be placed inside their registered locations in the immediate proximity of a designated area where controlled substances are stored and at which an employee is present. 21 CFR 1317.75; *see also* 1317.05. The DEA recognizes that hospitals/clinics with an on-site pharmacy can be unique in their design and it may be more effective to install collection receptacles at various locations within the hospital/clinic, depending on factors such as security, convenience, and accessibility. As such, it would be challenging for authorized

hospitals/clinics to adhere to the general rule to place collection receptacles in the immediate proximity of where controlled substances are stored and at which an employee is present. Accordingly, the DEA is requiring hospitals/clinics that are collectors to place collection receptacles in locations that are regularly monitored by employees. 21 CFR 1317.75. In addition, the DEA is prohibiting such collectors from placing collection receptacles in the proximity of any area where emergency or urgent care is provided. In the DEA's experience, the risk of diversion is particularly high in areas where emergency or urgent care is provided because of the often chaotic environment and the extended amounts of time persons spend in such areas.

This rule also makes clear that DEA registrants cannot use the collection receptacles to dispose of unused controlled substances in their inventory or stock. 21 CFR 1317.05 and 1317.75. Pharmaceutical controlled substances remain under the custody and control of the DEA registrant if they are dispensed by a practitioner for immediate administration at the practitioner's registered location (such as a hospital) pursuant to an order for medication. If that substance is not fully exhausted (*e.g.*, some of the substance remains in a vial, tube, or syringe after administration but cannot or may not be further utilized), then the DEA registrant is obligated to destroy the remaining, unusable controlled substances, and record the destruction in accordance with § 1304.22(c). The DEA registrant shall not place such remaining, unusable controlled substance in a collection receptacle as a means of disposal. Hospital/clinic staff must also not dispose of any controlled substances in inventory or stock in a collection receptacle.

The security requirements described above are the minimum required in order to detect and prevent diversion in the unique circumstances of NTPs and hospitals/clinics. These registrants should be vigilant in the execution of their responsibilities as registrants to ensure that collected controlled substances are not diverted to illicit use, and that they do not collect illicit substances. Finally, all registrants are reminded of the responsibility to report theft and significant loss of controlled substances within one business day of discovery.

Long-Term Care Facilities (LTCFs)

Significant changes are made in this final rule to help ensure that LTCFs have adequate disposal options. In addition to allowing retail pharmacies

to manage and maintain collection receptacles at LTCFs, the DEA is also allowing hospitals/clinics with an on-site pharmacy to manage and maintain collection receptacles at LTCFs. The DEA hopes that expanding those authorized to collect at LTCFs will maximize disposal opportunities for LTCF residents.

In addition, the DEA is alleviating two security requirements proposed to apply to collection receptacles located at LTCFs. First, the DEA is permitting authorized hospitals/clinics and retail pharmacies to store inner liners that have been sealed upon removal from a collection receptacle at LTCFs in a securely locked, substantially constructed cabinet or a securely locked room with controlled access for up to three business days until the liners can be transferred for destruction. The DEA encourages collectors to schedule inner liner removals and installations to coincide with existing LTCF visits when possible, for example, arranging a routine system in which medication deliveries coincide with the removal and transfer of sealed inner liners for appropriate destruction, thereby making storage of sealed inner liners unnecessary. Collectors may not transfer sealed inner liners from LTCFs to their primary registered location (*i.e.*, the hospital/clinic or retail pharmacy location). As echoed in the comments, the DEA remains concerned about the security risks of hospital/clinic and retail pharmacy employees transporting large quantities of collected substances, making them potential targets for drug seekers. Instead, collectors should deliver sealed inner liners to a reverse distributor or distributor's registered location by common or contract carrier pick-up or by reverse distributor or distributor pick-up at the LTCF, pursuant to § 1317.05(c)(2)(iv).

Second, the DEA relaxed the two-employee integrity requirement for inner liner installation, removal, storage, and transfer at LTCFs. Collectors will retain the option to authorize two of their own employees to install, remove, store, and transfer inner liners; however, the DEA is permitting collectors the option to designate a supervisor-level employee of the LTCF (*e.g.*, a charge nurse, supervisor, or similar employee) to install, remove, store, or transfer inner liners with only one employee of the collector.

The DEA modified the above security requirements (storage and two-person integrity) to provide flexibility sufficient to encourage authorized hospitals/clinics and retail pharmacies to collect at LTCFs, while ensuring the minimum protections required to prevent

diversion at LTCFs. The DEA hopes that the inclusion of certain hospitals/clinics as authorized to maintain collection receptacles at LTCFs, and the modifications described above will result in expanded safe and secure disposal options for LTCF residents. The DEA emphasizes that if LTCFs dispose of LTCF residents' controlled substances in collection receptacles, such activity must be in accordance with this regulation and all other applicable Federal, State, tribal and local laws and regulations, including environmental laws and regulations.

The DEA acknowledges that there may be some LTCFs that will not have a collection receptacle, and there will be instances where LTCF residents are incapable of disposing of their own unused or unwanted medication. As ultimate users, LTCF residents may use any of the disposal options afforded other ultimate users in this final rule (e.g., mail-back programs), in addition to the disposal options currently available to ultimate users (e.g., flushing or otherwise discarding) that will remain options even after this final rule is implemented. For example, an LTCF resident may request that LTCF personnel place the resident's unwanted medication in a mail-back package, seal the mail-back package, and deposit that package into the facility's outgoing mail system. 21 CFR 1317.70. LTCFs should be mindful however that the touchstone for this disposal method is the individual nature of the disposal activity; institutional facilities such as LTCFs should ensure that the individual patient is the disposer, and should be wary of establishing any protocols whereby the facility itself is engaging in collection activities. Simply providing the method of disposal (e.g., mail-back packages) does not implicate that concern.

Destruction

After careful and thorough consideration of comments received regarding the burdens associated with the proposed 14-day destruction requirement, the DEA is extending the time those registrants that reverse distribute have to destroy controlled substances to 30 days. 21 CFR 1317.15(d). The DEA anticipates that this extension will allow reverse distributors and distributors adequate time to collect and destroy controlled substances in a safe, convenient, and secure manner, while also preventing diversion and diversion opportunities.

Practitioner Physical Security

In this final rule, the DEA is not amending § 1301.75(b) pertaining to

practitioner physical security and is instead adding a new paragraph (c) to clarify that practitioners shall only store sealed mail-back packages and inner liners containing collected substances at their registered location in a securely locked, substantially constructed cabinet or a securely locked room with controlled access. The DEA has made corresponding changes to §§ 1317.05(c)(1)(ii) and (c)(2)(ii). Part of this requirement was included in the proposed rule; however, after careful consideration of a number of comments, the DEA believes that the proposed requirement did not provide sufficient controls to protect against diversion and was impracticable. Pharmacies and institutional practitioners cannot store sealed inner liners or returned mail-back packages by dispersing them throughout the stock of noncontrolled substances. 21 CFR 1301.75(b) and (c).

Other Changes to the Final Rule

In addition to the changes described above, the DEA determined that the rule, as proposed, required other modifications, as generally described below. The DEA is also implementing additional technical modifications that will not have a substantive effect on this rule (e.g., relocating some sections in proposed part 1317 to other sections within title 21 of the CFR, re-phrasing some sections from the proposed rule to be simpler, clearer and easier to understand, and eliminating redundancy).

In the general definitions section of the DEA regulations, the DEA is amending § 1300.01(b) to be clear that the definitions that generally apply to most other parts of chapter II of title 21 of the CFR also apply to part 1317. In response to a number of comments, in § 1300.01(b) the DEA is amending the definition of "reverse distributor" to clarify that a reverse distributor is a person registered with the DEA as a reverse distributor.

Definitions were moved from § 1317.02 to § 1300.05 to provide consistency within the CFR pertaining to definitions. The DEA adds § 1300.05 "Definitions relating to the disposal of controlled substances," moves the terms "authorized employee," "law enforcement officer," and "non-retrievable" from part 1317 to § 1300.05(b), adds a definition of "on-site" to § 1300.05(b), and deletes the definitions of "for cause" and "inner liner" that were in proposed part 1317. The DEA also moves the definition of "collection" to § 1300.01(b). These changes are in response to comments or related to the movement of several other

requirements from part 1317 to other parts, as discussed below.

In addition to moving them to § 1300.05(b), the DEA amends the definitions of "authorized employee" and "law enforcement officer." The DEA is omitting the word "authorized" from the definition of "authorized employee," and codifying the definition of "employee" in harmony with the general common law of agency. The DEA is modifying the definition of "law enforcement officer" in part 1317 to specifically include officers from law enforcement components of Federal agencies, and authorized police officers of the Veterans Health Administration and the Department of Defense. In addition, this rule clarifies who may qualify as a "law enforcement officer" for the purpose of disposal. The DEA is changing references to "law enforcement agencies" to "law enforcement" in order to include law enforcement components of Federal agencies.

Although the DEA defined "inner liner" in the NPRM, the final rule does not amend the CFR to add a definition for inner liner. As described below, inner liners used in the collection of controlled substances must meet the specifications outlined in § 1317.60. The DEA also is not amending the CFR to add a definition of "for cause," and instead is providing an explanation of "for cause" as it relates to the sections to which it applies.

The DEA added a definition of "on-site" to § 1300.05(b) to clarify that "on-site" means "located on or at the physical premises of the registrant's registered location" for purposes of destruction and registration as a collector. Specifically, a controlled substance is destroyed "on-site" when destruction occurs on the physical premises of the destroying registrant's registered location, and a hospital/clinic has an "on-site" pharmacy when it has a pharmacy located on the physical premises of the registrant's registered location.

Text was added to the registration table in § 1301.13 to reflect that distributors, as a coincident activity to distribution, may acquire controlled substances from collectors for the purpose of destruction. The registration table was updated so that it would be consistent with the regulations in the final rule, which authorize distributors to destroy controlled substances acquired from collectors.

The DEA received a number of comments indicating confusion regarding the procedures a registrant must follow to modify their DEA registration to become a collector. In

order to clarify such requirements, the DEA is further revising § 1301.51. The additional revisions clarify the requirements by listing them independently of other types of registration modifications (e.g., change of name or address) and clearly indicating that any modifications may be made in writing by mail or online. 21 CFR part 1301. Also, the submission method has been modified from “letter” to “written request” to accurately encompass the various ways the modification request may be submitted (e.g., online), and the phrase “to be paid” was deleted from § 1301.51(c) for stylistic reasons. Similarly, the DEA is further revising § 1301.52 to clarify that any registrant who has been authorized as a collector and who desires to discontinue their collection of pharmaceutical controlled substances from ultimate users must notify the DEA.

The DEA is also streamlining certain registration and security procedures by moving certain requirements from part 1317, as proposed in the NPRM, to part 1301. Reverse distributor employee security requirements in proposed § 1317.20 were moved to § 1301.74(m) for ease of reference and consistency. Collector security requirements in proposed § 1317.45 were moved to § 1301.71(f) for clarity and consistency.

The DEA determined that inclusion of recordkeeping and reporting requirements in part 1317 may lead to confusion among registrants. As such, the DEA is moving all recordkeeping and reporting requirements from part 1317, as proposed in the NPRM, to part 1304—Records and Reports of DEA Registrants—in order to maintain consistency and consolidate all recordkeeping and reporting requirements into one part. In § 1304.03, “each” was changed to “every,” and “who” was changed to “that” for stylistic reasons. In § 1304.11(e)(2), the first sentence, pertaining to an exception for reverse distributors, was removed and incorporated into § 1304.11(e)(3) of the final rule to accurately reflect the type of registrants to which the section applies.

The DEA is expanding the locations where a collector may maintain records in § 1304.04(a)(3). The text in § 1304.21(a) was updated to specifically include inner liners and mail-back packages, which were inadvertently overlooked in the NPRM. 21 CFR § 1304.21(c) was updated to include the general recordkeeping requirements for collection activities as outlined in the final rule. The recordkeeping requirements for disposal of controlled substances in 21 CFR § 1307.21 were

moved to § 1304.21(e) and amended to include recordkeeping procedures for destruction. The title and introductory text in § 1304.22 were updated to accurately reflect their contents. Additionally, § 1304.22 was modified to include recordkeeping requirements for collected controlled substances. The second sentence in both § 1304.25(a)(9) and § 1304.25(b)(9), which required compliance with part 1317 when destroying narcotic controlled substances, were removed as superfluous. All disposal and destruction activities are clearly delineated in part 1317. Also, various Automation of Reports and Consolidated Ordering System (ARCOS) requirements are removed from part 1317, as proposed in the NPRM, and are consolidated and moved to § 1304.33. In addition, the title of § 1304.33 has been changed to add clarity, and the acronym “ARCOS” is clearly spelled out. The formatting for § 1304.33(f) was modified for ease of understanding, and “who” was changed to “that” in two locations for consistency.

The DEA is also amending § 1305.03 to add a new paragraph (f) to clarify that collectors are exempt from order form requirements for pharmaceutical controlled substances collected through mail-back programs and collection receptacles for the purpose of disposal. The title of § 1307.11 no longer references reverse distributors and has been changed to “Distribution by dispenser to another practitioner” because reverse distributor activities were moved to part 1317.

As discussed in the preamble to the NPRM and as mentioned in proposed § 1317.100, the DEA clarifies in § 1304.21 of this final rule that, in addition to any other recordkeeping requirements, all registrants that destroy or cause the destruction of a controlled substance must maintain a record of that destruction on a DEA Form 41. This requirement had been discussed in the preamble to the proposed rule, and in proposed § 1317.100 the DEA stated “any registered person that destroys or causes the destruction of a controlled substance shall maintain a record of destruction on a form issued by DEA . . .” The DEA has determined that this requirement to keep such records on DEA Form 41 should be explicitly stated in the regulatory text, and not just the preamble, for registrants to clearly understand the requirements to which they are bound. As stated above, this requirement to record destruction activities on the DEA Form 41 does not apply to drug wastage or pharmaceutical wastage which must be properly recorded, stored, and

destroyed in accordance with DEA regulations, and all applicable Federal, State, tribal, and local laws and regulations. 21 CFR part 1304.

The DEA is modifying proposed § 1317.70 to address the procedures that a collector must follow when ceasing operation of a mail-back program. This modification requires such collector to make reasonable efforts to notify the public of their intent to cease mail-back collection activities. 21 CFR 1317.70. Such collector must also establish an agreement with another collector authorized to conduct a mail-back program to receive all remaining packages and arrange for the forwarding of such packages to the second collector’s registered location. These procedures will ensure that another authorized entity will be responsible for receiving and destroying any mail-back packages that were disseminated but not received back by the collector prior to the time that they ceased operation of their mail-back program.

Finally, the DEA is modifying proposed § 1317.75 for two purposes. The first modification clarifies that collected controlled and non-controlled substances can be comingled, but are not required to be comingled. 21 CFR 1317.75. As previously discussed, the second modification to this section allows certain LTCF employees, as designated by the collector authorized to maintain a collection receptacle at that LTCF, to install, seal, remove, store, and transfer for destruction the inner liners of the collection receptacle along with an employee of the collector. 21 CFR 1317.80. This modification allows greater flexibility for collectors authorized to maintain collection receptacles at LTCFs.

II. Background and Legal Authority

The DEA implements and enforces titles II and III of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended. Titles II and III are referred to as the “Controlled Substances Act” and the “Controlled Substances Import and Export Act,” respectively, but are collectively referred to as the “Controlled Substances Act” or the “CSA” for the purpose of this action. 21 U.S.C. 801–971. The DEA publishes the implementing regulations for these statutes in title 21 of the Code of Federal Regulations (CFR), parts 1300 to 1321. The CSA and its implementing regulations are designed to prevent, detect, and eliminate the diversion of controlled substances and listed chemicals into the illicit market while providing for a sufficient supply of controlled substances and listed

chemicals for legitimate medical, scientific, research, and industrial needs of the United States. Controlled substances have the potential for abuse and dependence and are controlled to protect the public health and safety. To this end, controlled substances are classified into one of five schedules based upon: The potential for abuse, currently accepted medical use, and the degree of dependence if abused. 21 U.S.C. 812. Listed chemicals are separately classified as list I or list II chemicals based on their use and importance to the manufacture of controlled substances. 21 U.S.C. 802(33)–(35).

The CSA establishes a closed system of distribution that requires the DEA to monitor and control the manufacture, distribution, dispensing, import, and export of controlled substances and listed chemicals until they reach their final lawful destination. The secure destruction of unused, recalled, tainted, expired, or otherwise unwanted pharmaceutical controlled substances is essential to preventing the diversion of these substances into the illicit market.

In order to maintain this closed system of distribution, persons who handle (manufacture, distribute, dispense, import, export, engage in research, or conduct instructional activities), or propose to handle, controlled substances and listed chemicals are required to register with the DEA at each principal place of business or professional practice. Persons registered with the DEA are permitted to possess controlled substances and listed chemicals as authorized by their registration and must comply with the applicable requirements associated with their registration. 21 U.S.C. 822.

Not all persons who possess controlled substances are required to register with the DEA. For example, a patient who receives a pharmaceutical controlled substance pursuant to a lawful prescription, i.e., an ultimate user, is not required to register with the DEA in order to receive and possess that substance. 21 U.S.C. 822(c)(3); *see also* 21 U.S.C. 957(b)(1)(C).² The CSA defines an “ultimate user” as “a person who has lawfully obtained, and who possesses, a controlled substance for his own use or for the use of a member of his household or for an animal owned by him or by a member of his household.” 21 U.S.C. 802(27).

While Congress envisioned a closed system of distribution that would control a substance from its manufacture or import through the traditional chain of distribution moving from registrant to registrant until it reached its final lawful use (e.g., dispensed to the ultimate user, etc.), it did not account for circumstances in which pharmaceutical controlled substances were lawfully dispensed to, and possessed by, an ultimate user but not fully used. Although ultimate users are exempt from CSA registration requirements for the possession of pharmaceutical controlled substances, if they distribute (e.g., deliver or transfer) such substances without the appropriate registration, they are in violation of the CSA.³ Such unlawful distribution includes the transfer of pharmaceutical controlled substances for the purpose of disposal.⁴

The Disposal Act, enacted on October 12, 2010, amended the CSA to allow an ultimate user to “deliver” a pharmaceutical controlled substance “to another person for the purpose of disposal” if the person receiving the substance is authorized to receive it and the disposal takes place in accordance with regulations issued by the Attorney General to prevent the diversion of controlled substances. 21 U.S.C. 822(g)(1). The Attorney General

³ It is unlawful to knowingly or intentionally manufacture, distribute, dispense, or possess with the intent to manufacture, distribute, or dispense, a controlled substance without the appropriate registration. 21 U.S.C. 841(a).

⁴ The terms “disposal,” “dispose,” or “disposition” appear several times in the CSA and its implementing regulations, but are not defined. For example, in the CSA, *see* 21 U.S.C. 822(g); 824(f)–(g); 826(c), (e)–(f); 827(a)(3), (d)(1); 842(a)(7); 853(n); 880(a)(2); 881(e)(1); 958(d)(6); and in the CFR, *see* 21 CFR 1307.21(b) and 1304.22(a)(2)(ix). The term “not disposal,” however, is defined at 21 CFR 1300.01(b). As used, the terms refer to a variety of activities that ultimately result in eliminating the availability of controlled substances for use. For example, within the meaning of the CSA, a controlled substance can be “disposed of” by destruction, return, recall, sale, or through the manufacturing process. The Disposal Act allows an ultimate user to deliver a lawfully obtained controlled substance to another person “for the purpose of disposal.” The DEA believes that the ultimate user disposal authorized by the Disposal Act includes the transfer or delivery of controlled substances for purposes of destruction, return, and recall. Such ultimate user activities are consistent with the intent to remove unused, unwanted, tainted, and expired substances from households and out of the reach of children and teenagers thereby reducing the risk of diversion and protecting the public health and safety. As used in this Final Rule, the DEA uses the terms “disposal” and “dispose” to generally refer to the wide range of activities that result in controlled substances being unavailable for further use. When necessary to specify a particular activity within the disposal process, the particular activity is identified (e.g., transfer, deliver, collect/collection, return, recall, and destroy/destruction).

delegated responsibility for promulgating the Disposal Act implementing regulations to the DEA.⁵

In addition to authorizing ultimate users to deliver their pharmaceutical controlled substances to another person for the purpose of disposal, the Disposal Act also authorizes any person lawfully entitled to dispose of an ultimate user decedent’s property to deliver the ultimate user’s pharmaceutical controlled substances to another person for the purpose of disposal if the ultimate user dies while in lawful possession of the substances. The Disposal Act also gives the DEA the ability, by regulation, to authorize LTCF’s to dispose of pharmaceutical controlled substances on behalf of ultimate users who reside, or have resided, at the LTCF. Congress directed the DEA, in promulgating the Disposal Act implementing regulations, to consider the public health and safety, ease and cost of program implementation, and participation by various communities. The implementing regulations may not *require* any person to establish or operate a delivery or disposal program.

III. Discussion of Comments

The DEA had received 192 comments on the NPRM when the comment period closed on February 19, 2013. These comments are summarized below, along with the DEA’s responses.

A. Support for the Proposed Rule (1 Issue)

[1] Issue: The DEA received 192 comments for this rulemaking during the 60-day comment period. The vast majority of the comments were overwhelmingly positive with the commenters agreeing that there should be more options for secure, convenient, and responsible disposal of controlled substances. Nineteen commenters supported the rule as written in the NPRM. Almost every other commenter supported the rule to some degree, although many commenters had concerns with the implementation of the specific disposal procedures described in the NPRM.

Response: The DEA appreciates the support for this rulemaking and is privileged to implement regulations to allow for the collection and disposal of controlled substances in a secure, convenient, and responsible manner. The DEA considered all of the comments and ramifications of implementing proposed changes to the rule. In finalizing this rule, the DEA

⁵ The Attorney General’s delegation of authority to the DEA may be found at 28 CFR 0.100.

² 21 U.S.C. 822(c)(3) and 957(b)(1)(C) except “ultimate users” who possess substances for purposes referenced in 21 U.S.C. 802(25); however, “ultimate user” is defined in 21 U.S.C. 802(27).

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop January 22, 2015

Explanation – Language in *blue italics* is new; language in red [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070

REGULATIONS relating to third-party logistics providers; Amendment of NAC 639.6282 and NAC 639.6305, in response to requirements of Drug Quality and Security Act (DQSA); and providing other matters properly relating thereto.

Section 1. NAC 639.6282 is hereby amended to read as follows:

NAC 639.6282 “Third-party logistics provider” defined. “Third-party logistics provider” means a business that contracts with a manufacturer *or wholesaler* to provide or coordinate warehousing, distribution or other services *for drugs, poisons, medicines, chemicals, medical devices or appliances that are subject to the provisions of chapters 453, 454 and 639 of the NRS* on behalf of the manufacturer *or wholesaler* without taking title to or ownership of the ~~prescription drugs, poisons, medicines, chemicals, medical devices or appliances~~ and without authority to direct the sale or disposition of the ~~prescription-drugs-products~~.

Section 2. NAC 639.6305 is hereby amended to read as follows:

NAC 639.6305 Third-party logistics providers: General requirements. A third-party logistics provider in this State *or that ships into this State* shall obtain a license to engage in business as an authorized warehouse pursuant to, and shall otherwise comply with, the provisions of NAC 639.620 to 639.644, inclusive.