



# Nevada State Board of Pharmacy

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

May 18, 2015

## AGENDA

### ◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, June 10, 2015 at 9:00 am. The meeting will continue, if necessary, on Thursday, June 11, 2015 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place  
1790 E Plumb Lane  
Reno, Nevada

#### Please Note:

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

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

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

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

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

## ◆ CONSENT AGENDA ◆

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

1. Public Comments and Discussion of and Deliberation Upon Those Comments: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)
2. Approval of April 15-16, 2015, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
  - A. Clybourn Park Pharmacy LLC – Chicago, IL
  - B. Cordele Pharmacy, LLC – Charlotte, NC
  - C. DeliverCareRx Pharmacy, LLC – Skokie, IL
  - D. Healthy Meds Pharmacy – Hallandale Beach, FL
  - E. Heartland Veterinary Pharmacy – Hastings, ME
  - F. Medpoint Pharmacy – Rolling Meadows, IL
  - G. Medscripts Medical Pharmacy – Greenville, SC
  - H. Prescription Mart – Beaumont, TX
  - I. Primary Care Pharmacy – Houston, TX
  - J. Rock City Pharmacy, LLC – Plymouth, MI
  - K. Y Medical Associates, Inc. – Irving, TX

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

- L. All About Your Health Family Pharmacy – Anderson, SC
- M. All American Medical Pharmacy – Warren, MI
- N. Apples Pharmacy – Canoga Park, CA
- O. Athena Pharmacy – Mt. Juliet, TN
- P. Bellevue Pharmacy of Florida – Tamarac, FL
- Q. CHS Pharmacy – Vancouver, WA
- R. Econo Pharmacy Inc. – Houston, TX
- S. Ed Snell's Pharmacy Shop – Pocatello, ID
- T. Gardens Pharmacy LLC – Ocean Springs, MS
- U. Healthy Pharmacy Solutions – The Woodlands, TX
- V. Injury Med Express Pharmacy – Daphne, AL
- W. LifeWatch Pharmacy – San Antonio, TX
- X. Luke's Family Pharmacy – Hailey, ID
- Y. Main Avenue Pharmacy – Clifton, NJ
- Z. Med-Health Solutions – Phoenix, AZ

- AA. Mission Pharmacy – San Antonio, TX
- BB. Opus Rx – Jackson, MS
- CC. Pharmacy Depot – Arlington, TX
- DD. Prescription Health Resources, LLC – Fort Worth, TX
- EE. Saginaw Pharmacy – Saginaw, TX
- FF. Smith Pharmacy – Perth Amboy, NJ
- GG. Southern Compounding Pharmacy/Apothecary Sales Inc. – Decatur, AL
- HH. Westcliff Compounding Pharmacy – Newport Beach, CA

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

- II. AcariaHealth Solutions, Inc. – Houston, TX
- JJ. Allied 100, LLC – Woodruff, WI
- KK. Avella of Deer Valley, Inc. – Phoenix, AZ
- LL. Eye Care and Cure – Tucson, AZ
- MM. INO Therapeutics LLC – Coppell, TX
- NN. Johnson & Johnson Health Care Systems, Inc. – Bridgewater, MA
- OO. McKesson Plasma and Biologics LLC – La Vergne, TN
- PP. Metro Medical Supply – Nashville, TN
- QQ. Pharmaceutical Credit Company, LLC – West Columbia, SC
- RR. ProPharma Distribution, LLC – Arvada, CO
- SS. Top Rx, LLC – Bartlett, TN
- TT. Unique Pharmaceuticals, LTD – Temple, TX
- UU. Vernalis Therapeutics, Inc. – Berwyn, PA

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

- VV. CHS Pharmacy – Vancouver, WA
- WW. Diabetic Supply of Suncoast, Inc. – Dorado, PR
- XX. Jodee, Inc. – Hollywood, FL
- YY. Liberty Medical Supply 1 – Port St. Lucie, FL
- ZZ. Liberty Medical Supply 2 – Port St. Lucie, FL
- AAA. Owen & Minor Distribution, Inc. – Flower Mound, TX
- BBB. Patient Care Medical – Irvine, CA
- CCC. Philips Refurbished Systems – Highland Heights, OH
- DDD. ResMed Corp. – Lithia Springs, GA
- EEE. ResMed Corp. – Moreno Valley, CA
- FFF. Whitley Home Medical Equipment – Hendersonville, NC

Applications for Nevada MDEG – Non Appearance for Possible Action:

- GGG. MBI, Inc. – Las Vegas
- HHH. Numotion – Reno

Applications for Nevada Wholesaler – Non Appearance for Possible Action:

- III. MBI, Inc. – Las Vegas
- JJJ. Metro Medical Supply – Reno

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- KKK. Aaron Pharmacy – Las Vegas
- LLL. Great Basin Surgical Center – Elko
- MMM. Horizon Specialty Hospital of Henderson – Henderson
- NNN. Horizon Specialty Hospital of Las Vegas – Las Vegas
- OOO. Las Vegas Infusion Pharmacy – Henderson
- PPP. Rx2U, LLC – Las Vegas

◆ REGULAR AGENDA ◆

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

- |    |                              |                  |
|----|------------------------------|------------------|
| A. | Jenae Jeppson Schroder, R.Ph | (14-061-RPH-A-N) |
| B. | Belinda E. Hubkey, R.Ph      | (14-061-RPH-B-N) |
| C. | Walgreens #04788             | (14-061-PH-N)    |
| D. | Phuong Quynh Doan, R.Ph      | (14-076-RPH-A-N) |
| E. | Susan Blair, R.Ph            | (14-076-RPH-B-N) |
| F. | Kenny Hoa Pham, R.Ph         | (14-076-RPH-C-N) |
| G. | Mailani Espiritu, R.Ph       | (14-076-RPH-D-N) |
| H. | Walgreens #11227             | (14-076-PH-N)    |
| I. | Leslie Ann McLaughlin, PT    | (15-024-PT-N)    |

- 5. Application for Controlled Substance License – Appearance for Possible Action:

Arlyn M. Valencia, MD

- 6. Application for Pharmacist License by Examination – Appearance for Possible Action:

Michael T. Peters

- 7. Application of Out-of-State Wholesaler – Appearance for Possible Action:

Alexso Inc. – Los Angeles, CA

- 8. Application for Nevada Wholesaler – Appearance for Possible Action:

Terrain Pharmaceuticals – Reno

- 9. Application for Nevada MDEG – Appearance for Possible Action:

GraEagle Construction – Las Vegas

10. Applications for Out-of-State Compounding Pharmacy – Appearance for Possible Action:
  - A. CGS Pharmacy, LLC – Rockville, MD
  - B. JJ Trinity Compounding Pharmacy – Valencia, CA
11. Election of Officers for Possible Action
12. General Counsel Report for Possible Action:

Legislative Update

13. Executive Secretary Report for Possible Action:
  - A. Financial Report
  - B. Temporary Licenses
  - C. Staff Activities
    1. Presentations:
      - a. CE:
        1. Kiwanis's
        2. NVSHP/Renown
        3. Fallon
      2. NGA Policy Academy on Rx Drug Abuse Summit
      3. Certified Public Manager Program Graduation
  - D. Reports to Board
    1. Collaborative Efforts:
      - a. BOME; BON; BOVME
    2. National Governor's Association Meeting on Rx Drug Abuse
    3. Passage of SB 459
      - a. Our Role & What it Means for Pharmacists
    4. Mike's Pharmacy; 4<sup>th</sup> Monitoring Report: Affiliated Monitors
  - E. Board Related News
    1. NABP Annual Meeting Debrief
    2. Patient Safety & Medical Error Prevention for Pharmacy
  - F. Activities Report

◆◆◆ PUBLIC HEARING ◆◆◆

Wednesday, June 10, 2015 – 9:00 am

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

**Amendment of Nevada Administrative Code 453.540 Schedule IV.**

Because of potential abuse of certain unregulated products, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule IV.

**◆◆◆ WORKSHOP for Possible Action ◆◆◆**

Wednesday, June 10, 2015 – 9:00 am

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

**Amendment of Nevada Administrative Code 639.926 Transmission of information regarding dispensing of controlled substances to certain persons.** Amends the rule that presently establishes frequency of the controlled substance information transmitted to the Board. Amendment will improve the timeliness of the date to improve the quality of the data provided to practitioners and pharmacies pursuant to NRS 453.1545 and SB459.

16. Next Board Meeting:

July 22-23, 2015 – Las Vegas

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

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

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

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

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

Elko County Courthouse – Elko  
Washoe County Courthouse – Reno

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



# Nevada State Board of Pharmacy

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

## MINUTES

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

April 15 & 16, 2015

### Board Members Present:

Kam Gandhi	Leo Basch	Cheryl Blomstrom	Kevin Desmond
Tallie Pederson	Kirk Wentworth	Jason Penrod	

### Board Staff Present:

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

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

Mr. Pinson introduced Jason Penrod, Pharm. D. as Governor Sandoval's newest appointment to the Nevada State Board of Pharmacy for a three year term. Mr. Penrod graduated from Roseman University in 2005 and is currently employed by Wal-Mart in Northern Nevada. Mr. Penrod was a UH-60 Black Hawk Helicopter pilot in the U.S. Army and has been instrumental as pilot in command in several wildfire battles in both Nevada and Northern California.

Mr. Pinson announced that President Gandhi has been selected as the Executive Director of the Arizona State Board of Pharmacy and that this would be his last meeting presiding over the Board. The Board and Board Staff expressed gratitude for President Gandhi's service to the state over the last six years.

### 1. Public Comment

Morgan McLeod and Jeremy Schmidt, representing Roadrunner Pharmacy, expressed their concerns regarding the growing need for compounded medications for veterinary

use. Mr. McLeod and Mr. Schmidt requested the Board to keep the veterinary community in mind, especially involving decisions pertaining to Outsourcing Facilities.

2. Approval of March 4, 2015, Minutes

Jason Penrod recused from participation in this matter as he was not present at the March meeting.

Kevin Desmond requested clarification on pg.7 paragraph 3.

Leo Basch requested a sentence on pg. 9 Item H to include "by President Gandhi."

Board Action:

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

Second: Kirk Wentworth

Action: Passed Unanimously

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

- A. Baxter Healthcare Corporation – Chandler, AZ
- B. Cystic Fibrosis Services – Bethesda, MD
- C. Eldorado Pharmacy, LLC – Richardson, TX
- D. Genoa, a QoL Healthcare Company, LLC – Auburn, WA
- E. Intermountain Home Delivery Pharmacy – Midvale, UT
- F. LDI Specialty Pharmacy – Creve Coeur, MO
- G. Martinsville Family Pharmacy – Martinsville, VA
- H. Meier's Pharmacy – Holladay, UT
- I. Red Chip of Nevada – Irvine, CA
- J. Simple Meds – Indianapolis, IN
- K. Twin Lakes Pharmacy, LLC – Houston, TX

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

- L. Agevital Pharmacy, LLC – Sarasota, FL
- M. Eagle Pharmacy, Inc. – Birmingham, AL
- N. Family L.T.C. Pharmacy, Inc. – Martinsville, VA
- O. Heartland Medical, LLC – Lenexa, KS
- P. Infinite Care Pharmacy – Cave Creek, AZ
- Q. Meds Direct Rx of CA – Los Angeles, CA
- R. One Source Pharmacy & Medical Supplies – San Antonio, TX
- S. Precision Rx Compounding LLC – Tampa, FL



- T. Prescription Care Pharmacy – Hollywood, FL
- U. Reliable Super Drugs of Miami, LLC – North Miami, FL
- V. Safeway Pharmacy #4905 – San Jose, CA
- W. Script Shop Miami, LLC – Miami Beach, FL
- X. Sunflower Discount Pharmacy, LLC – Ruleville, MS
- Y. Trilogy Pharmacy – Dallas, TX

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

- Z. Den-Mat Holdings, LLC – Lompoc, CA
- AA. Exel Inc. – St. Joseph, MO
- BB. Fisher Bioservices, Inc. – Rockville, MD
- CC. Henry Schein Animal Health – Lexington, KY
- DD. Midwest Veterinary Supply, Inc. – Lakesville, MN
- EE. Novotec Pharma, Inc. – East Windsor, NJ
- FF. ProPharma Distribution, LLC – Arvada, CO
- GG. Valley Wholesale Drug Co., LLC – Stockton, CA

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

- HH. ACS Products, Inc. – Louisiana, MO
- II. Aero-Med, Ltd. – Dallas, TX
- JJ. Aero-Med, Ltd. – Duluth, GA
- KK. Aero-Med, Ltd. – Santa Ana, CA
- LL. Aero-Med, Ltd. – South Windsor, CT
- MM. Aero-Med, Ltd. – Wood Dale, IL
- NN. Breathe Homecare, Inc. – Irvine, CA
- OO. Century Orthotics & Medical Equipment, LLC – Cypress, TX
- PP. Flash Medical – San Dimas, CA
- QQ. Howell's Medical Equipment & Supply – Milledgeville, GA
- RR. Innovative Therapies, Inc. – Pompano Beach, FL
- SS. Liberty Medical Supply – Salem, VA
- TT. Longhorn Health Solutions, Inc. – Austin, TX
- UU. Mid-Delta Durable Medical Equipment – Belzoni, MS
- VV. Monarch Medical & Rehab Supply Inc. – Keller, TX
- WW. Owens and Minor Distribution, Inc. – Louisville, KY
- XX. Owens and Minor Distribution, Inc. – Ontario, CA
- YY. Pinnacle HME – Powell, TN
- ZZ. Troluna Inc. – Pittsburgh, PA

#### Applications for Nevada Pharmacy – Non Appearance

- AAA. Horizon View Pharmacy – Henderson
- BBB. North Vista Hospital, Inc. – North Las Vegas
- CCC. Precision Surgery Center – Las Vegas

President Gandhi disclosed regarding Item V. Safeway #4905 that Safeway is now owned by Albertson's.

Leo Basch disclosed that he knows the pharmacy manager for Item AAA. Horizon View Pharmacy and stated that his participation would not be in conflict.

Board Action:

Motion: Leo Basch moved to approve the Consent Agenda.

Second: Cheryl Blomstrom

Action: Passed Unanimously

4. Request for Renewal of MDEG License and Discipline

Flotsol, Inc. Medical Supplies and Orthotics (13-026-MP)

A representative from Flotsol, Inc. (Flotsol) was not present.

Mr. Edwards stated that Board Staff sent Flotsol the Notice of Intended Action and Accusation, but Board Staff received no response until April 13, 2015.

Mr. Edwards stated that on April 13, 2015, Oluwole Adegboruwa (Mr. Adegboruwa), owner of Flotsol, sent an e-mail stating that no representative would be present at the April meeting, but would be available to attend the July 2015 Board meeting.

Mr. Edwards requested the e-mail be admitted as Exhibit 1A. President Gandhi accepted the Exhibit into the record.

Mr. Edwards explained that Mr. Adegboruwa was convicted of a number of felony counts involving Medicaid fraud. Based on that conviction, Flotsol was issued a summary suspension which requires the matter to be heard at the next Board Meeting. Board discussion ensued regarding moving forward with default proceedings or to postpone hearing this matter until the July 2015 meeting.

President Gandhi called for a 5 minute recess for Mr. Edwards to contact Flotsol's attorney to get an explanation for their absence.

Mr. Edwards explained that his attempts to reach out to Flotsol's attorney via phone and e-mail were unanswered. Mr. Edwards requested permission to move forward with the default proceedings.

President Gandhi approved.

Mr. Edwards moved to have Exhibits 1 through 3 admitted. President Gandhi accepted the Exhibits into the record.

Mr. Edwards stated that Board Staff served the Accusation to Flotsol by certified mail at the address on record with the Board Office. He presented a copy of the postal service Domestic Return Receipt (Exhibit 1) which was signed, indicating delivery and receipt by Flotsol. Mr. Edwards stated that Board Staff also sent out a Notice of Summary Suspension with a copy of the Accusation to Flotsol. He presented a copy of the postal service Domestic Return Receipt (Exhibit 2). Mr. Edwards explained that Exhibit 3 was a copy of the Notice of Summary Suspension.

Board Action:

Motion: Leo Basch moved to find that based on the evidence presented, Board Staff properly attempted service by mailing the Notice of Intended Action and Accusation to Flotsol, Inc.

Second: Kevin Desmond

Ms. Blomstrom offered a friendly amendment to include the email received from Flotsol as proof that Board Staff properly attempted service.

Mr. Basch and Mr. Desmond accepted the friendly amendment.

Action: Passed Unanimously

Mr. Edwards reviewed the charges against Flotsol for the Board.

Board Action:

Motion: Cheryl Blomstrom moved that the findings of fact and guilt have been proven on all 7 Causes of Action presented by Board Staff.

Second: Tallie Pederson

Action: Passed Unanimously

Mr. Edwards recommended permanent revocation of Flotsol's MDEG license.

Board Action:

Motion: Cheryl Blomstrom moved to permanently revoke Flotsol, Inc.'s MDEG license.

Second: Jason Penrod

Action: Passed Unanimously

5. Request for Reconsideration of MDEG License

Medical Supplies Las Vegas Inc. – Las Vegas

Arinola Adegboruwa, owner, and Simret Amanuel, administrator, appeared and were sworn by President Gandhi before answering questions or offering testimony.

Mr. Edwards reminded the Board that during the March 2015 meeting, Medical Supplies Las Vegas' Application for MDEG License was denied by the Board. Ms. Adegboruwa has appeared before the Board to request the Board to reconsider her application.

David Wuest, Deputy Executive Secretary of the Nevada State Board of Pharmacy, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Wuest explained to the Board that Ms. Adegboruwa contacted Board Staff regarding the application for administrator. Mr. Wuest clarified that the application for administrator in the Board book for Vivian Smith did not meet the qualifications necessary for acting as an MDEG Administrator.

Mr. Wuest presented to the Board Ms. Amanuel's application for administrator.

The Board questioned Ms. Amanuel on her work history and training.

Ms. Amanuel explained that she has most recently worked for Lincare for about 3 years. She stated that she started as a customer service representative and promoted to supervisor. Ms. Amanuel explained that through Lincare she obtained at least 3 hours of training on each product sold.

Ms. Amanuel stated that Medical Supplies Las Vegas plans to provide canes, crutches, incontinence supplies, wheelchairs, walkers, and eventually hospital beds.

Ms. Adegboruwa and Ms. Amanuel answered questions to the Board's satisfaction.

Board discussion ensued regarding the possibility of having Ms. Adegboruwa and Ms. Amanuel go through training programs with Affiliated Monitors or pending Board approval increasing the number of annual inspections of Medical Supplies.

Board Action:

Motion: Leo Basch moved to reconsider Medical Supplies Las Vegas' Application for MDEG License

Second: Cheryl Blomstrom

Action: Passed Unanimously

The Board expressed concern regarding lack of proof of training for the items Medical Supplies plans to sell.

The Board stressed the importance of keeping Mr. Adegboruwa and Flotsol uninvolved in Medical Supplies Las Vegas' business.

Board Action:

Motion: Jason Penrod moved to approve Medical Supplies Las Vegas' Application for MDEG License pending Board Staff receiving training certificates for items Medical Supplies Las Vegas intends to sell and Ms. Amanuel's work history and references from Lincare.

Mr. Desmond offered a friendly amendment to include completion of Affiliated Monitors Ethics Training regarding billing.

Mr. Wuest stated that Board Staff would contact Affiliated Monitors to obtain the details on the training program.

Jason Penrod withdrew the motion.

Motion: Jason Penrod moved to have Medical Supplies Las Vegas appear before the Board again pending Board Staff receiving training certificates for items Medical Supplies Las Vegas intends to sell and Ms. Amanuel's work history and references from Lincare.

Mr. Pinson stated that Board Staff could receive and assess the training certificates. Mr. Pinson also recommended including Medical Supplies Las Vegas contacting Affiliated Monitors to get the details on the ethics training program.

Jason Penrod withdrew the motion.

Motion: Tallie Pederson moved to approve Medical Supplies Las Vegas' Application for MDEG License pending proof of positive inspection and agreement to only sell items they are certified to sell and can provide proof of training for these items.

Second: Leo Basch

Aye: Basch, Pederson, Wentworth, Penrod, Desmond  
Nay: Blomstrom

Action: Motion Carried

6. Discipline

A. Everything Medical (13-047-MP-S)

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

Mr. Edwards explained that on September 12, 2013, Board Staff received a complaint that Everything Medical was selling prescription-required compression hosiery without a prescription. A Board Investigator then posed as a store customer and was able to select and purchase the prescription-required compression hosiery without presenting a valid prescription. On September 24, 2013, Josie Gausling, office manager, sent Board Staff a copy of Everything Medical's updated Policies and Procedures outlining the corrections to the complaint. On August 19, 2014, during an annual inspection, a Board Inspector again observed prescription-required hosiery and prescription nebulizers accessible to the public. Mr. Kelemen sent notification to Board Staff on September 1, 2014, stating that prescription merchandise was pulled from the shelf and locked in storage until a new lock box could be built.

Mr. Edwards presented a Stipulation and Order regarding Everything Medical for the Board's consideration. Mr. Kelemen admits that evidence exists to establish a factual basis for the violations alleged in the Accusation that Everything Medical sold compression hosiery with a pressure rating of greater than 20 mm of mercury without a valid prescription, failed to provide training to patients by a person who is certified in the use, fitting, maintenance and potential problems in the use of prescription-required compression hosiery, failed to maintain prescription records, failed to secure prescription-required merchandise and allowed unauthorized public access to that merchandise.

Everything Medical shall pay a fine of \$250.00 for each Cause of Action for a total fine of \$1000.00. Everything Medical shall pay an administrative fee of \$495.00. Everything Medical's MDEG License will be on probation for 12 months during which they will be subject to 4 quarterly inspections.

Mr. Kelemen stated that he is in agreement with the Stipulation and Order.

Board Action:

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

Second: Leo Basch

Aye: Basch, Desmond, Pederson, Penrod, Wentworth  
Nay: Blomstrom

Action: Motion Carried

B.	Donna Raymond, R.Ph	(13-032-RPH-S)
C.	CVS/pharmacy #8807	(13-032-PH-S)

Donna Raymond, Cynthia Garcia, pharmacy technician, and Jody Lewis, CVS District Pharmacy Supervisor, appeared and were sworn by President Gandhi before answering questions or offering testimony.

Mike Dyer was present as counsel representing CVS #8807 and Donna Raymond.

Mr. Edwards presented a Stipulation and Order regarding Ms. Raymond and CVS Pharmacy for the Board's consideration. The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation that while employed by CVS Pharmacy, Ms. Raymond filled and dispensed a patient's prescription with hydrocodone-acetaminophen 5-500 mg tablets, rather than amoxicillin 500 mg capsules as prescribed.

Ms. Raymond shall pay a fine of \$1000.00, and complete a one hour CE on the topic of error prevention. CVS Pharmacy will pay an administrative fee of \$495.00.

Mr. Dyer stated that he is in agreement with the Stipulation and Order.

Board discussion ensued regarding the importance of showing the medications to patients at counselling as a last opportunity to verify everything is correct.

Board Action:

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

Second: Jason Penrod

Action: Passed Unanimously

D.	Nancy Quach, R.Ph	(15-001-RPH-S)
E.	Walgreens #06615	(15-001-PH-S)

Nancy Quach and Jaclyn Latter, District Pharmacy Supervisor, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

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

Bill Stilling was present representing Walgreens and Ms. Quach.

Mr. Edwards presented a Stipulation and Order regarding Ms. Quach and Walgreens for the Board's consideration. The Respondents admit that evidence exists to establish a factual basis for the violations alleged in the Accusation that while employed by Walgreens, Ms. Quach filled and dispensed a patient's prescription with oxycodone-acetaminophen 10-325 mg tablets, rather than oxycodone- acetaminophen 7.5-325 mg as prescribed. Ms. Quach also filled and dispensed the patient's prescription with hydrocodone-acetaminophen 7.5-325 mg tablets, rather than the oxycodone-acetaminophen 7.5-325 mg as prescribed.

Mr. Stilling stated that he is in agreement with the Stipulation and Order.

Ms. Quach apologized to the Board for her error.

Board Action:

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

Second: Leo Basch

Action: Passed Unanimously

F. Tara Hsiung, PT

(14-087-PT-S)

Tara Hsiung appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards explained to the Board that in December 2014, Board Staff received notification that Ms. Hsiung was terminated from her position as Pharmacy Technician at CVS. During an interview with a CVS Loss Prevention Manager, Ms. Hsiung admitted to diverting approximately 30 tablets of Xanax 1mg and 1 tablet of Tramadol 50mg for personal use. Ms. Hsiung also admitted to stealing and consuming 8 Starbucks coffee beverages while at work.

Ms. Hsiung did not dispute the violations alleged in the Accusation.

Board Action:

Motion: Leo Basch moved to find Tara Hsiung guilty of the First Cause of Action.



Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to revoke Tara Hsiung's Pharmacy Technician's License.

Second: Tallie Pederson

Aye: Blomstrom, Desmond, Pederson, Wentworth

Nay: Basch, Penrod

Action: Motion Carried

7. Application for Pharmacist License by Reciprocation

Genda Zareei

Genda Zareei appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Zareei explained that she worked as a hospital pharmacist from 1991 up until her discipline by the South Carolina Board of Pharmacy in 2011. She stated that she is currently teaching at a pharmacy technology program in California.

Ms. Zareei explained that the discipline against her South Carolina Pharmacist license occurred in 2011, when a duplicate label was printed for her Tramadol prescription. The error resulted in Ms. Zareei receiving an unauthorized refill and removing the medication from the pharmacy. After discovering the unauthorized refill, Ms. Zareei reported to the Recovering Professional Program and received outpatient treatment at the South Carolina Board of Pharmacy's recommendation.

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

The Board expressed concern that Ms. Zareei has not practiced as a pharmacist in 4 years.

Ms. Zareei explained that she also applied for her Pharmacist license in California, which was denied based on the 2011 disciplinary action in South Carolina. She stated that she is currently in the process of appealing that decision.

Board Action:

Motion: Cheryl Blomstrom moved to approve the Application for Pharmacist License by Reciprocity for Genda Zareei pending successful completion of the PARE exam.

Mr. Wentworth offered a friendly amendment to include Ms. Zareei submitting 30 hours of CE to Board Staff.

Ms. Blomstrom accepted the friendly amendment

Mr. Pinson recommended to alter the motion from pending successful completion to pending passing the PARE exam.

Mr. Wuest recommended including the option for Ms. Zareei to pass the Naplex exam.

Ms. Blomstrom accepted Mr. Pinson's and Mr. Wuest's recommendations.

Second: Kevin Desmond

Action: Passed unanimously

8. Request for Pharmacist License by Examination – Appearance

Karen A. Kinan

Karen Kinan appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Kinan stated that she appeared before the Board to get permission to take the Naplex exam. Ms. Kinan explained that she is a recovering alcoholic and addict.

Larry Espadero, Director of PRN-PRN, was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Espadero explained that he provided a letter from the Director of PRN-PRN in Georgia.

Mr. Pinson recapped Ms. Kinan's history with the Board. He explained that she has been revoked by 4 different Board Presidents, was addicted to drugs, alcohol, and gambling, was fined \$20,000.00, which remains unpaid, and was ordered to undergo psychiatric evaluation.

Ms. Kinan explained that she applied for a Pharmacist License in Georgia, but the Georgia Board of Pharmacy won't consider her application until she resolves all outstanding disciplinary action with the Nevada State Board of Pharmacy.

Mr. Espadero recommended that if the Board decides to allow Ms. Kinan to take the Naplex then they continue the same PRN-PRN contract she had in Georgia indefinitely.

The Board questioned Ms. Kinan about what she's done for work since her last revocation.

Ms. Kinan explained that she currently works for an inn in Georgia. She stated that she is very active in her AA Community.

Corey Curtis, Ms. Kinan's fiancé, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

The Board questioned Mr. Curtis regarding Ms. Kinan's progress in recovery and stressed the importance of his responsibility to the public to report Ms. Kinan if she were to relapse.

Mr. Espadero expressed his reservations, but agreed to take Ms. Kinan back into PRN-PRN.

Board Action:

Motion: Jason Penrod moved to allow Karen Kinan to take the Naplex exam subject to her receiving a psychological evaluation, and resuming payments on the outstanding fine.

Second: Cheryl Blomstrom

Mr. Basch offered a friendly amendment to include Ms. Kinan contact Board Staff to set a payment plan for her fine.

The Board discussed allowing Ms. Kinan to take the Naplex exam. Pending her passing the Naplex exam, she must have her psychological evaluation and set up a payment plan with Board Staff.

Mr. Espadero recommended Ms. Kinan to have a psychiatric evaluation instead of a psychological evaluation.

Mr. Penrod and Ms. Blomstrom accepted the friendly amendment and recommendations.

Aye: Blomstrom, Pederson, Penrod, Wentworth  
Nay: Basch, Desmond

Action: Motion Carried

9. Application for Intern License

Amanda R. Villa

Amanda Villa appeared and was sworn by President Gandhi before answering questions or offering testimony.

Ms. Villa stated that she was offered admission at Roseman University of Health Sciences pending her ability to obtain an Intern Pharmacy License once school begins.

Ms. Villa explained that in 2009 she had disciplinary action taken against her New Mexico Pharmacy Technician License due to a substance abuse issue with illicit drugs and alcohol. Since that time, she has completed a 5 year agreement with the New Mexico Monitored Treatment Program, as well as going through individual counselling, group therapy, attendance at a 12-step program and random drug screens as ordered in her stipulated agreement with the New Mexico Board of Pharmacy. Ms. Villa stated that she successfully completed her probation with the New Mexico Board of Pharmacy in May 2014.

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

Board Action:

Motion: Cheryl Blomstrom moved to approve Amanda R. Villa's Application for Intern Pharmacist License pending an evaluation by PRN-PRN.

Second: Kirk Wentworth

Action: Passed unanimously

10. Request for Cognitive Pharmacy Services from Non-Pharmacy Site – Appearance

Amy Pullen

Amy Pullen and Will Sutherland appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Pullen stated that she is a certified ambulatory care pharmacist licensed in Indiana and currently practicing with the VA in Nevada. Ms. Pullen explained that she is not currently licensed as a pharmacist in Nevada, but would apply for a Nevada pharmacist license if her request to perform cognitive pharmacy services is approved by the Board.

Ms. Pullen stated that the types of services she would perform, if approved, would be medication reconciliation, overseeing self-management of medications, and monitoring

conditions. Ms. Pullen explained that she would establish relationships with patients through telephonic care as well as receiving the patient's medical records through cloud-based software.

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

Board Action:

Motion: Tallie Pederson moved to allow Amy Pullen to provide Cognitive Pharmacy Services in Nevada.

Second: Cheryl Blomstrom

Action: Passed Unanimously

11. Application for Nevada MDEG --

Strive Medical LLC -- Las Vegas

Monty McKellar, President and Owner, appeared and was sworn by President Gandhi prior to offering testimony and answering questions.

Mr. McKellar explained that Strive Medical ships wound care and urology products directly to patient's homes. He stated that Strive Medical is based out of Irving Texas and currently also does business in Oklahoma, Louisiana, New Mexico and Arizona.

The Board questioned Mr. McKellar regarding Tara Doran's work history and qualifications for acting as MDEG Administrator.

The Board expressed concern regarding Ms. Doran's lack of experience as an MDEG administrator and her lack of training in wound care and urology product use.

Mr. McKellar explained that training is provided at the physician's office, and any further questions could be answered by a Patient Care Coordinator at Strive Medical.

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

Board Action:

Motion: Leo Basch moved to approve Strive Medical LLC's application for Nevada MDEG License.

Second: Jason Penrod

Action: Passed Unanimously

12. Applications for Nevada Pharmacy –

A. Expedite Scripts Pharmacy – Las Vegas

Paul Brous, Pharmacy Manager, Lydia P. Veto, co-owner, and Teresita Zantha, co-owner, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards reminded the Board that Ms. Veto and Ms. Zantha had appeared during the March 2015 meeting. At that time the Board recommended Ms. Veto and Ms. Zantha meet and interview Mr. Brous, create Policies & Procedures and become familiar with Nevada Pharmacy Law.

The Board questioned Mr. Brous about his work history and experience in long term care. Mr. Brous stated that he has been semi-retired since 2008 and has only practiced pharmacy about 7 days in the last 7 years.

The Board expressed concern regarding public safety due to Mr. Brous' lack of pharmacy experience in the last 7 years as well as the lack of written Policies & Procedures.

Board discussion ensued regarding the possibility of having Mr. Brous take the PARE exam to assess his ability to perform the duties of managing pharmacist.

Board Action:

Motion: Leo Basch moved to deny Expedite Scripts' Application for Nevada Pharmacy.

Second: Kevin Desmond

Action: Passed Unanimously

B. MDRx – Henderson

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

Mr. Wright stated that he has been a pharmacist for 15 years. Most recently he worked as Director of Pharmacy Operations at Catamaran.

Mr. Wright explained that MDRx is a mail order pharmacy that will also act as a central fill facility for small PBMs.

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

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

Second: Kevin Desmond

Action: Passed Unanimously

C. ProCare Pharmacy Care, LLC – Las Vegas

Debbie Wolf, Terry Smith, pharmacy manager, and Michael Rose, representative, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Rose explained that ProCare Pharmacy Care, LLC (ProCare) currently has a mail order pharmacy located in Florida. He states that, pending the Board's approval, the Las Vegas location would act as a West Coast counterpart to aid with distribution.

The Board questioned Mr. Smith regarding past administrative action on his pharmacist license. Mr. Smith explained that due to travelling out of the country, he was deficient on his CE during the last renewal period.

Mr. Rose explained that the Florida location has been open for 10 years. He states that the pharmacy has passed all prior inspections and has not had any disciplinary issues with the Florida Board of Pharmacy.

Mr. Rose and Mr. Smith answered questions to the Board's satisfaction

Motion: Cheryl Blomstrom moved to approve ProCare Pharmacy Care, LLC's Application for Nevada Pharmacy License.

Second: Leo Basch

Action: Passed Unanimously

D. Sonoran Pharmacy Group Inc. – Las Vegas

Kevin Faris, part owner, and Hang Troung, pharmacy manager, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Faris explained that Sonoran Pharmacy Group Inc. is a long term care pharmacy that acquired the Wellcare Pharmacy LTC on Wagon Trail Ave. in Las Vegas.

Mr. Faris stated that he graduated from Washington State University's pharmacy program in 1996. He opened his first independent pharmacy in 2003 and currently owns 3 pharmacies including Sonoran Pharmacy Group.

Mr. Faris answered questions to the Board's satisfaction regarding the past discipline on his license in Washington.

Ms. Troung explained that she has been the pharmacy manager at Wellcare Pharmacy for 3 years. Wellcare Pharmacy primarily dispenses oral medication or manufacturer's pre-made injections. She explained that no compounding would be performed at this location.

Ms. Truong answered questions to the Board's satisfaction regarding Sonoran Pharmacy staff's work history and training.

Board Action:

Motion: Kevin Desmond moved to approve Sonoran Pharmacy Group Inc.'s Application for Nevada Pharmacy License.

Second: Jason Penrod

Action: Passed Unanimously

E. SR Pharmacy LLC – Las Vegas

Diane Galinato, managing pharmacist, and Tanisha Porreca appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Galinato explained that SR Pharmacy is an inpatient pharmacy servicing Silver Rock Recovery Behavioral Health. She stated that SR Pharmacy's target demographic are male patients ages 19 to 25.

Ms. Galinato explained that SR Pharmacy does not dispense Methadone or any other C-II medications.

Ms. Galinato and Ms. Porreca answered questions to the Board's satisfaction regarding SR Pharmacy's procedure.

Board Action:

Motion: Leo Basch moved to approve SR Pharmacy LLC's Application for Nevada Pharmacy License pending proof of positive inspection.

Second: Tallie Pederson



Action: Passed Unanimously

13. Applications for Out-of-State Compounding Pharmacy

A. Consonus Pharmacy Services, LLC – Milwaukie, OR

Josh Free, managing pharmacist, and Eric Lintner, pharmacist, appeared and were sworn by President Gandhi prior to answering questions or offering testimony. Mr. Free presented a letter from Phillip Fogg, Owner, authorizing him to speak on behalf of Consonus Pharmacy Services, LLC.

Mr. Free explained that Consonus Pharmacy is a long term care pharmacy that provides mail services and sterile compounding to skilled nursing and assisted living facilities.

Mr. Lintner explained that Consonus Pharmacy primarily compounds hydration and antibiotic medications, but also provides TPN and pain medications.

Mr. Lintner answered questions to the Board's satisfaction regarding Consonus Pharmacy's procedure for compounding and shipping TPNs into Nevada.

Mr. Free explained that Consonus Pharmacy has had administrative action against a license due to a DUR dispute with a pharmacist on staff. Consonus Pharmacy settled with the Oregon Board of Pharmacy and is currently carrying out their discipline. Consonus Pharmacy also has a hearing scheduled with the Oregon Board of Pharmacy due to a misinterpretation of Oregon Law regarding the stocking of Emergency Kits.

Mr. Free and Mr. Lintner answered questions to the Board's satisfaction.

Board Action:

Motion: Kevin Desmond moved to approve Consonus Pharmacy Services, LLC's Application for Out-of-State Pharmacy License.

Second: Jason Penrod

Action: Passed Unanimously

B. Innoveix Pharmaceuticals Inc. – Addison, TX

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

Mr. Bonhard stated that Innoveix Pharmaceuticals Inc. is a sterile compounding pharmacy that provides mail order service. Innoveix Pharmaceuticals specializes in hormone replacement therapy and is not doing any pain medications at this time.

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

Board Action:

Motion: Cheryl Blomstrom moved to approve Innoveix Pharmaceuticals Inc.'s Application for Out-of-State Pharmacy License.

Second: Jason Penrod

Action: Passed Unanimously

C. Omnicare of Southern California – Canoga Park, CA

Gary Goodman, manager, and Scott Hyun, Regional Compliance Officer, appeared and were sworn by President Gandhi prior to answering questions or offering testimony. Neither Mr. Goodman nor Mr. Hyun had a letter from the owner authorizing them to speak on behalf of the company. The Board agreed to review the application.

Mr. Goodman explained that Omnicare of Southern California is a long term care pharmacy that provides both sterile and non-sterile compounding.

President Gandhi explained that Park Compounding submitted an affidavit with the application to the Board Office attesting that they will not be shipping sterile compounded products into Nevada. Mr. Goodman clarified that Omnicare of Southern California will be shipping sterile compounds into Nevada. Mr. Goodman authorized the Board to nullify the affidavit.

The board questioned Mr. Goodman and Mr. Hyun regarding past administrative action against Omnicare.

Board Action:

Motion: Cheryl Blomstrom moved to approve Omnicare of Southern California's Application for Out-of-State Pharmacy License pending a receipt of a letter from the owner that Mr. Goodman and Mr. Hyun are authorized to speak on behalf of the company, receipt of date of ownership and evaluation of explanations of Canoga Park citations.

Second: Leo Basch

Action: Passed Unanimously

D. Oso Home Care Pharmacy – Irvine, CA

Randy Bohart, owner and pharmacy manager, and Bonnie Bohart, Nursing Director, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Bohart explained that OSO Home Care is a full service home infusion company operating in California since 1983. OSO Home Care recently acquired a number of patients located out of California and 2 of them are located in Nevada.

President Gandhi explained that OSO Home Care submitted an affidavit with the application to the Board Office attesting that they will not be shipping sterile compounded products into Nevada. Mr. Bohart clarified that Omnicare of Southern California will be shipping sterile compounds into Nevada. Mr. Bohart authorized the Board to nullify the affidavit.

The Board questioned Mr. Bohart about OSO Home Care's past inspections and past discipline.

Mr. Bohart answered questions the Board's satisfaction.

Board Action:

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

Second: Leo Basch

Action: Passed Unanimously

E. Park Compounding – Irvine, CA

Joseph Biderman, Senior Operations Manager at Imprimis Pharmaceuticals, and Brad Bingham, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Biderman explained that Imprimis Pharmaceuticals purchased Park Compounding. Park Compounding would primarily be compounding Tri-Moxi and Tri-Moxi-Vanc, and intravitreal injections for use in eye surgery.

Park Compounding submitted an affidavit with the application to the Board Office attesting that they will not be shipping sterile compounded products into Nevada. Mr. Biderman stated that Park Compounding will be shipping sterile compounds into Nevada. Mr. Biderman authorized the Board to nullify the affidavit.

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

Board Action:

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

Second: Kirk Wentworth

Action: Passed Unanimously

F. Preckshot Professional Pharmacy – Peioria Heights, IL

Jennifer Siefert, Co-owner and Pharmacist in Charge, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Siefert explained that the Application for Out-of-State Pharmacy for Preckshot Professional Pharmacy (Preckshot) came at the request of Caterpillar Tractor due to changes in their prescription benefit program.

The Board questioned Ms. Siefert about the type of sterile compounding Preckshot would be performing. Ms. Siefert explained Preckshot compounds sterile ophthalmic drops, injectable erectile dysfunction medication, pain creams and hormone therapy.

Preckshot submitted an affidavit with the application to the Board Office attesting that they will not be shipping sterile compounded products into Nevada. Ms. Siefert clarified that Preckshot will be shipping sterile compounds into Nevada, but will not be shipping high risk compounds into Nevada. Ms. Siefert authorized the Board to nullify the affidavit.

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

Board Action:

Motion: Kirk Wentworth moved to approve Preckshot Professional Pharmacy's Application for Out-of-State Pharmacy License.

Second: Cheryl Blomstrom

Action: Passed unanimously

14. Discussion and Determination

A. Director of a Clinical Laboratory

The Board approved the concept of allowing a pharmacist to act as the director of a clinical laboratory.

B. Prescriptions for Billing Purposes

Board discussion ensued regarding the concept of allowing a prescription for billing purposes only to be generated to allow for certain insurance agencies to pay for certain over-the-counter products.

Board Action:

Motion: Cheryl Blomstrom moved to direct Board Staff to create a Board Policy related to records for billing purposes.

Second: Jason Penrod

Action: Passed Unanimously

15. General Counsel Report

A. Update on Maryanne Phillips' Case

Mr. Edwards explained that Dr. Phillips had appeared before the Board on an accusation based on a case in California that resulted in her losing her Medical license. Based on the facts of that case, the Board revoked her Controlled Substance registration in Nevada. Dr. Phillips then filed a petition for Judicial Review, which was denied on February 2, 2015. Mr. Edwards explained that the Court believed there was substantial evidence to support the Board's decision. Mr. Edwards stated that Dr. Phillips has appealed to the Nevada Supreme Court and Board Staff is currently in contact with Dr. Phillips' new attorney.

B. Legislative Update

Mr. Edwards provided an update on the Legislative session to the Board's satisfaction. Mr. Wuest provided more information.

16. Executive Secretary Report

A. Financial Report

Mr. Pinson presented the financials 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:

1. Kiwanis

Mr. Edwards' presentation to this group in February was very well received. He is scheduled to present again later in April.

2. APRN

Mr. Edwards' presentation to this group was well received.

3. Power-Pak

Board Staff is coordinating with Power-Pak to schedule filming a CE Presentation.

4. NVSHP/Renown

Mr. Wuest is scheduled to present to this group on April 23<sup>rd</sup>.

5. Fallon

Mr. Pinson and Mr. Depczynski are scheduled to present to this group on April 29<sup>th</sup>.

2. Meeting with Metro Regarding Pharmacy Robberies in Las Vegas.

Mr. Seidlinger explained that Las Vegas Metro contacted Board Staff to discuss pharmacy robberies occurring in the Las Vegas area. He stated that the purpose of the meeting was to facilitate communication between law enforcement and pharmacies by distributing bulletins through the pharmacy network maintained by the Board Staff.

D. Reports to Board

1. Collaborative Efforts:

a. BOME; BON; BOVME

2. National Governor's Association Meeting on Rx Drug Abuse – Update

Mr. Pinson stated the National Governor's Association now meets weekly. He stated that a drug summit involving all the stakeholders is scheduled for May 4<sup>th</sup> and 5<sup>th</sup> in Las Vegas and Reno. Mr. Pinson will be attending the national meeting in Vermont in June.

### 3. FDA Meeting on Compounding; FDA HQ

Mr. Pinson and Mr. Edwards attended the FDA Meeting.

## F. Board Related News

### 1. NABP District Meeting Update – Incline Village

Mr. Pinson reported that the contract with the Hyatt Lake Tahoe has been finalized for the District 8 meeting to be held September 14 through 17, 2015. Mr. Basch is working on putting together the educational program for the meeting.

The NABP Annual Meeting will be held in New Orleans in May 2015. Ms. Pederson has volunteered to be the Nevada delegate and Mr. Desmond will be the alternate.

### 2. Prescription Drug Round Up

Prescription Drug Round Up will be held in Northern Nevada on April 25, 2015.

## F. Activities Report

### 17. Public Hearing to Act Upon a Regulation

Amendment of Nevada Administrative Code 639.748 Identification of person to whom controlled substances is dispensed. The proposed amendment will define the identification requirements to obtain controlled substance medications.

President Gandhi opened the Public Hearing.

Liz MacMenamin, Retail Association of Nevada, requested clarification on Section 1.3 regarding where the employee is to record a patient's identification information.

President Gandhi closed the Public Hearing.

### Board Action:

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

Second: Leo Basch

Action: Passed Unanimously

18. Proposed Regulation Amendment Workshop

A. **Amendment of Nevada Administrative Code 453.510 Schedule I, A REGULATION** relating to controlled substances; revising the list of substances contained in Schedule I (adding the substances commonly known as AB PINACA, APICA, Salpidon A, Salvinaran A and THJ 2201); and providing other matters properly relating thereto.

B. **Amendment of Nevada Administrative Code 453.540 Schedule IV, A REGULATION** relating to controlled substances; revising the list of substances contained in Schedule IV (adding the substance commonly known as suvorexant); and providing other matters properly relating thereto

David Goldthorp, Forensic Lab Manager, Las Vegas Metro Forensics Controlled Substance Unit, explained that the forensic laboratories requested these amendments. Mr. Goldthorp and Mr. Wuest provided information to the Board.

Board Action:

Motion: Cheryl Blomstrom moved to approve the proposed changes to NAC 453.510 and move forward to Public Hearing.

Second: Kevin Desmond

Action: Passed Unanimously

Board Action:

Motion: Cheryl Blomstrom moved to approve the proposed changes to NAC 453.540 and move forward to Public Hearing.

Second: Kevin Desmond

Action: Passed Unanimously

19. Next Board Meeting:

June 10-11, 2015 – Reno

20. Public Comment

There was no public comment.



Clybourn

A

# 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: Clybourn Park Pharmacy LLC

Physical Address: 1117 W. Wisconsin St. Chicago IL 60614

Mailing Address: 1117 W. Wisconsin St. Chicago IL 60614

City: Chicago State: IL Zip Code: 60614

Telephone: 800-266-4907 Fax: 877-992-3831

Toll Free Number: 800-266-4907 (Required per NAC 639.708)

E-mail: info@clybournpark.com Website: \_\_\_\_\_

Managing Pharmacist: Hajra Baloch License Number: 051-297139

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes in this section 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,**

B

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: Cordell Pharmacy, LLC

Physical Address: 3809 Beam Rd. Ste H

Mailing Address: Same

City: Charlotte State: NC Zip Code: 28217

Telephone: 704-307-4580 Fax: 704-431-9522

Toll Free Number: 844-450-5950 (Required per NAC 639.708)

E-mail: pharmacy@cordellpharmacy.com Website: n/a

Managing Pharmacist: Kelani Davis License Number: 17942

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,

86979

# 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: DeliverCareRx Pharmacy, LLC

Physical Address: 8950 Gross Point Rd, Ste 600, Skokie, IL 60077

Mailing Address: 8950 Gross Point Rd, Ste 600

City: Skokie State: IL Zip Code: 60077

Telephone: 855-965-1600 Fax: 847-965-1611

Toll Free Number: 855-965-1600 (Required per NAC 639.708)

E-mail: dkrishna@delivercarerx.com

Website: www.delivercarerx.com

Managing Pharmacist: Arash Raei License Number: 051.297821

### 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,

8698

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: Healthy Meds Pharmacy

Physical Address: 730 W. Hallandale Beach Blvd

Mailing Address: Same as above

City: Hallandale Beach State: FL Zip Code: 33009

Telephone: 954 4046556 Fax: 954 404 6153

Toll Free Number: 800 929 7147 (Required per NAC 639.708)

E-mail: healthy med pharmacy@gmail.com Website: \_\_\_\_\_

Managing Pharmacist: Ryan Jaglal License Number: PS 40388  
Fla. 1

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,

87440

E

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

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy

(Please provide current license number if making changes: PH 02420)

☒ Ownership Change

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

☐ Partnership – Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

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

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

Pharmacy Name: Heartland Veterinary Pharmacy

Physical Address: 401 W 33rd St. Hastings NE 68401

Mailing Address: 401 W 33rd St.

City: Hastings State: NE Zip Code: 68401

Telephone: 402 463 2090 Fax: 402 463 2115

Toll Free Number: 800 934 9398 (Required per NAC 639.708)

E-mail: docs@heartlandvetsupply.com Website: heartlandvetsupply.com

**TYPE OF PHARMACY**

**AND**

**SERVICES PROVIDED**

Yes/No

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

All boxes in this section must be checked for the application to be complete

Yes/No

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

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

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

fee \$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: MEDPOINT PHARMACY

Physical Address: 2000 W GOLF RD, SUITE B

Mailing Address: SAME AS PHYSICAL

City: ROLLING MEADOWS State: IL Zip Code: 60008

Telephone: 888-467-9629 Fax: 888-467-9635

Toll Free Number: 888-467-9629 (Required per NAC 639.708)

E-mail: INFO@MYMEDPOINTRX.COM Website: WWW.MYMEDPOINTRX.COM

Managing Pharmacist: JESSICA SINSHEIMER License Number: 051-295751

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes in this section must be checked for the application to be complete

Yes/No

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

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



# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

*pd* \$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: Dogwood Pharmacy Inc. DBA Medscript Medical Pharmacy  
Physical Address: 1325 Miller Road, St. K Greenville, SC 29607  
Mailing Address: Same  
City: Greenville State: SC Zip Code: 29607  
Telephone: 866.840.4067 Fax: 866.514-8299  
Toll Free Number: 866.840.4067 (Required per NAC 639.708)  
E-mail: eyelton@medscriptbrx.com Website: medscriptbrx.com  
Managing Pharmacist: Erica Yelton License Number: SC 011378

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

All boxes in this section 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,**

85480

H

## 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: RPH Partners LLC dba Prescription MartPhysical Address: 6388 Folsom Dr Beaumont, TX 77706Mailing Address: P.O. BOX 12607City: Beaumont State: TX Zip Code: 77726Telephone: 409-866-6271 Fax: 409-866-1317Toll Free Number: 1-800-713-1230 (Required per NAC 639.708)E-mail: angie@presmartinc.com Website: www.presmartinc.comManaging Pharmacist: Angela C. Byerly License Number: 33030 TX**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,**

87841



I

## 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: PRIMARY CARE PHARMACYPhysical Address: 6612 HORNWOOD DR SUITE C HOUSTON, TX 77074Mailing Address: 6612 HORNWOOD DR SUITE CCity: HOUSTON State: TEXAS Zip Code: 77074Telephone: (832) 433-7346 Fax: (832) 804-9269Toll Free Number: 1-844-512-4830 (Required per NAC 639.708)E-mail: pcpharmacy13@gmail.com Website: \_\_\_\_\_Managing Pharmacist: CHUKWUEMENEM OKPALA License Number: 52421**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,**

85479

# 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 **LLC**

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

Pharmacy Name: Rock City Pharmacy, LLC

Physical Address: 47103 S Mill Road

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

City: Primm State: NV Zip Code: 89170

Telephone: 734-259-2150 Fax: 734-259-2258

Toll Free Number: 844-650-5740 (Required per NAC 639.708)

E-mail: pharmacist@rockcitypharmacy.com Website: N/A

Managing Pharmacist: Heather Starbuck License Number: 5302030813

### 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,**

87439

K

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: Y MEDICAL ASSOCIATES, INC.

Physical Address: 8840 N. MACARTHUR BLVD., IRVING, TX 75063

Mailing Address: 8840 N. MACARTHUR BLVD.

City: IRVING State: TX Zip Code: 75063

Telephone: 800-447-7558 Fax: 855-838-0623

Toll Free Number: 800-447-7558 (Required per NAC 639.708)

E-mail: KYU@YMEDICAL.COM Website: WWW.YMEDICAL.COM

Managing Pharmacist: KEVIN Y. YU License Number: 38290

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,

86983

2

# 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: All About Your Health Family Pharmacy

Physical Address: 1704 E. Greenville Street, Suite 1D, Anderson, SC 29621

Mailing Address: 1704 E. Greenville Street, Suite 1D

City: Anderson State: SC Zip Code: 29621

Telephone: (864) 332-8992 Fax: (864) 332-8993

Toll Free Number: 866-407-2407 (Required per NAC 639.708)

E-mail: info@aayh.org Website: www.aayh.org

Managing Pharmacist: Richard James Redden License Number: SC - 5634

### 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,

86978

M

# 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: Great Lakes Medical Pharmacy, LLC (dba All American Medical Pharmacy)

Physical Address: 23247 Pinewood Street, Suite 100, Warren, MI 48091

Mailing Address: 3640 ENTERPRISE WAY

City: MIRAMAR State: FL Zip Code: 33025

Telephone: 1-866-576-5040 Fax: 1-877-448-0633

Toll-Free Number: 1-866-576-5040 (Required per NAC 639.708)

E-mail: SKing@LiveWellHoldings.net Website: N/A

Managing Pharmacist: Rami J. Lazeki License Number: 5302035148

### 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,

86981

N

# 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: Apples pharmacy

Physical Address: 7021 canoga ave suite B

Mailing Address: same

City: canoga park State: C.A Zip Code: 91303

Telephone: (818) 914-0773 Fax: (818) 914-0776

Toll Free Number: 1-844-373-2911 (Required per NAC 639.708)

E-mail: ourapplespharmacy@gmail.com Website: under construction

Managing Pharmacist: Sara Shahram License Number: 16648

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

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: N/A

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

87542



0

# 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: Paradigm Healthcare Solutions LLC DBA: Athena Pharm  
Physical Address: 2025 N. Mount Juliet Rd., Suite 100  
Mailing Address: 2025 N. Mount Juliet Rd., Suite 100  
City: Mt. Juliet State: TN Zip Code: 37122  
Telephone: 615-288-4037 Fax: 615-288-4061  
Toll Free Number: 844-641-1616 (Required per NAC 639.708)  
E-mail: info@athenapharmacy.com Website: pending  
Managing Pharmacist: Ashley Dick License Number: 27442-TN

### 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,

86458

P

# 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: Southern Rx LLC (DBA Bellevue Pharmacy of Florida)

Physical Address: 10131 W Commercial Blvd Tamarac FL 33351

Mailing Address: 10131 W Commercial Blvd

City: Tamarac State: Florida Zip Code: 33351

Telephone: 954-721-2676 Fax: 888-965-7258

Toll Free Number: 888-965-7282 (Required per NAC 639.708)

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

Managing Pharmacist: Jon Mondis License Number: 81000

### 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,**

87901



Q

# 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 02667)  
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: CHS Pharmacy

Physical Address: 6600 NE 112th Ct. #103

Mailing Address: 6600 NE 112th Ct. #103

City: Vancouver State: WA Zip Code: 98662

Telephone: (360) 694-7377 Fax: (360) 694-3738

Toll Free Number: (888) 520-5132 (Required per NAC 639.708)

E-mail: jimwaletich@chspharmacy.com Website: www.chspharmacy.com

Managing Pharmacist: Daniel Reid Nelsen License Number: PH00061171 (WA)

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

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

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,**

R

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

*pd  
cn*

\$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: Icono Pharmacy Inc.  
Physical Address: 20320 Northwest Freeway Suite #300 Houston, TX 77065  
Mailing Address: Same as above. 20320 Northwest Fwy #300  
City: Houston State: TX Zip Code: 77065  
Telephone: 281-896-5612 Fax: 888-527-2409  
Toll Free Number: 888-527-3487 (Required per NAC 639.708)  
E-mail: Iconopharmacy2@gmail.com Website: N/A.  
Managing Pharmacist: Sholeh Karsten License Number: 35344

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds \_\_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☒ Other: \_\_\_\_\_

All boxes in this section 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,**

S

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pharmacy Shop Inc. dba Ed Snells Pharmacy SA  
Physical Address: 1015 E Young St.  
Mailing Address: Same  
City: Parcatello State: ID Zip Code: 83201  
Telephone: 208-232-0049 Fax: 208-232-3963  
Toll Free Number: 844-213-7500 (Required per NAC 639.708)  
E-mail: edsnell@cablenet.net Website: edsnellspharmacy.com  
Managing Pharmacist: Roger F. Murphy License Number: P5029

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, 5/11/14 deadline

6/10 till next mtg

85818



T

## 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 ☒ LLC

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

Pharmacy Name: GARDENS Pharmacy LLCPhysical Address: 1019 GOVERNMENT STREET Suite F+D

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

City: OCEAN SPRINGS State: MS Zip Code: 39564Telephone: 228-818-5111 Fax: 228-818-5113Toll Free Number: 877-343-5423 (Required per NAC 639.708)E-mail: gardenspharmacyandcompounding@gmail.com Website: mygardenspharmacy.comManaging Pharmacist: DEMPSEY M. LEVI License Number: E-04075

## 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,

87500

4

# 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: Healthy Pharmacy Solutions

Physical Address: 8021 Research Forest Dr., Ste. D

Mailing Address: 8021 Research Forest Dr., Ste. D

City: The Woodlands State: TEXAS Zip Code: 77382

Telephone: 832 585 0240 Fax: 832 585 0244

Toll Free Number: 844-731-2982 (Required per NAC 639.708)

E-mail: licensing@healthypharmacyolutions.com Website: N/A

Managing Pharmacist: Irma Cristina Johnston License Number: 51786

### 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,**

86378



# 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: Injury Med Express Pharmacy  
Physical Address: 1410 Hwy 98, Unit #1, Daphne, AL 36526  
Mailing Address: 1410 Hwy 98, Unit #1  
City: Daphne State: AL Zip Code: 36526  
Telephone: 888-633-0747 Fax: 888-633-1747  
Toll Free Number: 888-633-0747 (Required per NAC 639.708)  
E-mail: ahammonde@hcs.com Website: N/A  
Managing Pharmacist: Mary Grandquest License Number: 11882-AL

### 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,

87201

W

# 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: Rx LifeWatch Services, LLC (DBA - LifeWatch Pharmacy)

Physical Address: 2523 Boardwalk Street, San Antonio, TX 78217

Mailing Address: One Burton Hills Blvd, Ste 215

City: Nashville State: Tennessee Zip Code: 37215

Telephone: 855-366-6109 Fax: 855-653-6306

Toll Free Number: 855-366-6109 (Required per NAC 639.708)

E-mail: Lifewatchtx@lifewatchrx.com Website:

Managing Pharmacist: Chee Hao Tsao License Number: 34897

### 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,**

87902



**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: Luke's Family Pharmacy

Physical Address: 101 S. Main St.

Mailing Address: 101 S. Main St.

City: Hailey State: ID Zip Code: 83333

Telephone: 208 788-4970 Fax: 208-788-5791

Toll Free Number: 1-844-851-5071 (Required per NAC 639.708)

E-mail: luke@luxespharmacy.com Website: www.LukesPharmacy.com

Managing Pharmacist: Luke Snell License Number: P6248

**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,**

87900



Y

**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: Main Avenue Pharmacy

Physical Address: 1094 A Main Avenue

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

City: Clifton State: NJ Zip Code: 07011

Telephone: 973-928-0208 Fax: 973-928-0209

Toll Free Number: 866-923-7447 (Required per NAC 639.708)

E-mail: Administrator@mainavepharmacy.com Website: N/A

Managing Pharmacist: Alix Vincent License Number: 28RI032033C

**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,**

85458

Z

## 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 ownershipPharmacy Name: Med. Health SolutionsPhysical Address: 2501 W. Behrend Dr Ste 69Mailing Address: 2501 W Behrend Dr Ste 69City: Phoenix State: AZ Zip Code: 85027Telephone: 623 466-0117 Fax: 623 266-3592Toll Free Number: 877 547-0117 (Required per NAC 639.708)E-mail: info@medhealthsolutions.com Website: www.medhealthsolutions.comManaging Pharmacist: Peter J. Sweeney License Number: SO 14535TYPE OF PHARMACY ANDSERVICES PROVIDED

Yes/No

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

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,

87200

AA

**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: Mission Pharmacy

Physical Address: 3267 Roosevelt Ave, San Antonio, TX 78214

Mailing Address: 3267 Roosevelt Ave

City: San Antonio State: TX Zip Code: 78214

Telephone: 210-923-4389 Fax: 210-923-4380

Toll Free Number: 844-923-4389 (Required per NAC 639.708)

E-mail: dennis@missionpharm.com Website: \_\_\_\_\_

Managing Pharmacist: ~~Ken Howell~~ Kenneth W. Howell License Number: 25182

**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,**

86980

BB

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: Opus Rx

Physical Address: 350 West Woodrow Wilson Ave Suite 311

Mailing Address: 350 West Woodrow Wilson Ave Suite 311

City: Jackson State: MS Zip Code: 39213

Telephone: 601-326-5362 Fax: 601-326-5381

Toll Free Number: 800-719-7809 (Required per NAC 639.708)

E-mail: pharmacy@opusrxpharmacy.com Website: \_\_\_\_\_

Managing Pharmacist: Richard Tracy Cole License Number: E07864

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,

87899

CC

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

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

Application must be printed legibly or typed

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

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

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

Pharmacy Name: Pharmacy Depot  
 Physical Address: 1119 W. Randol Mill Road Suite 104  
 Mailing Address: same  
 City: Arlington State: Texas Zip Code: 76012  
 Telephone: 682-323-5528 Fax: 682-323-7022  
 Toll Free Number: 844-218-5011 (Required per NAC 639.708)  
 E-mail: pharmacydepot2014@gmail.com Website: n/a  
 Managing Pharmacist: Thanh Nguyen License Number: TX-44498

**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,

86379



DD

## 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: PRESCRIPTION HEALTH RESOURCES, LLCPhysical Address: 7339 AIRPORT FREEWAYMailing Address: sameCity: FORT WORTH State: TX Zip Code: 76118Telephone: 817-590-9599 Fax: 817-590-9499Toll Free Number: 877-549-4804 (Required per NAC 639.708)E-mail: christina@phrpharmacy.com Website: www.phrpharmacy.comManaging Pharmacist: DEBORAH BROWN License Number: 30424

## 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,

85399

EE

## 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: SAGINAW PHARMACYPhysical Address: 200 W J BOAZ Rd Ste 100, SAGINAW TX 7617Mailing Address: 200 W J BOAZ Rd Ste 100, SAGINAW TX 76179City: SAGINAW State: TX Zip Code: 76179Telephone: 817-405-3333 Fax: 817-405-3341Toll Free Number: 1-844-225-0715 (Required per NAC 639.708)E-mail: Saginawpharmacy@gmail.com Website: www.SaginawTX.comManaging Pharmacist: Shiva Peddiredy License Number: 51090

## 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,

87539

FF

## 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 ownershipPharmacy Name: Smith-St PharmacyPhysical Address: 91 Smith St, Perth Amboy, NJ 08861Mailing Address: 91 Smith St, Perth Amboy, NJ 08861City: Perth Amboy State: NJ Zip Code: 08861Telephone: 732-661-6625 Fax: 732-661-6817Toll Free Number: 800 - 223 - 1467 (Required per NAC 639.708)E-mail: smithpharmacy91@gmail.com Website: N/AManaging Pharmacist: Aarti Shah License Number: 28RI03035600TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

87541



GG

# 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: Southern Compounding Pharmacy / Apothecary Sales I

Physical Address: 3220 Highway 31 South, A2

Mailing Address: P.O. Box 5694

City: Decorah State: AL Zip Code: 35601

Telephone: 256-340-3700 Fax: 256-340-3730

Toll Free Number: 1-855-604-8748 (Required per NAC 639.708)

E-mail: almeda@southerncompounding.com Website: southerncompounding.com

Managing Pharmacist: Almeda N Borden License Number: AL 14482

#### 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,

85838

HH

## 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: WESTCLIFF COMPOUNDING PHARMACYPhysical Address: 1901 WESTCLIFF BL #3A

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

City: NEWPORT BEACH State: CA Zip Code: 92660Telephone: 949-272-0775 Fax: 949-272-0038Toll Free Number: 855-826-6786 (Required per NAC 639.708)E-mail: info@westcliffcompounding.com Website: www.westcliffcompounding.comManaging Pharmacist: MIKE PAULOVIC License Number: NV 10179

## 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,

85738

II

**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: <b>WH02018</b> )	

<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: AcariaHealth Solutions, Inc.

Physical Address: 6610 W Sam Houston Pkwy N #330, Houston, TX 77041-5183

Mailing Address: 6923 Lee Vista Blvd., Suite 300

City: Orlando State: FL Zip Code: 32822-4703

Telephone: 832-900-1317 Fax: 866-834-8523

Toll Free Number: 855-407-6610

E-mail: licensing@acariahealth.com Website: has not been developed

Facility Manager: Terry D Edwards

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

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

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

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

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

69198

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: Allied 100, LLC  
Physical Address: 1800 US Hwy 51 N  
Mailing Address: 1800 US Hwy 51 N  
City: Woodruff State: WI Zip Code: 54568  
Telephone: 715-358-2329 Fax: 888-364-2377  
Toll Free Number: 800-544-0048  
E-mail: info@aeds.com Website: http://www.AEDSuperstore.com  
Facility Manager: Jared Kassien

Professional qualifications and experience of facility manager: Employed by Allied 100, LLC for the past four years and has managed the dispensing, distribution, and record keeping related to prescription medical devices sold by the company.

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: \_\_\_\_\_

KK

**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: Avella of Deer Valley, Inc

Physical Address: 23620 N. 20th Dr. Ste 12 Phoenix, AZ 85085

Mailing Address: 1606 W. Whispering Wind Dr. Phoenix, AZ 85085

City: Phoenix State: AZ Zip Code: 85085

Telephone: (877) 546-5779 Fax: (877) 546-5780

Toll Free Number: (877) 546-5779

E-mail: deborah.rayburn@avella.com Website: www.avella.com

Facility Manager: Christopher Dinaffria

Professional qualifications and experience of facility manager: Rph

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: Compounds outsource facility

86985



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: EYE CARE AND CURE

Physical Address: 4646 S. Overland Drive

Mailing Address: 4646 S. Overland Drive

City: Tucson State: AZ Zip Code: 85714

Telephone: (520) 321-1262 Fax: (877) 321-1267

Toll Free Number: (800) 486-6169

E-mail: email@eyecareandcure.com Website: www.eyecareandcure.com

Facility Manager: Angie Chirco

Professional qualifications and experience of facility manager: worked with company ground floor & worked with DEA & Board of Pharmacy, FDA for licensure

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: \_\_\_\_\_

MM

**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: INO Therapeutics LLC

Physical Address: 875 W. Sandy Lake Road, Suite 300, Coppell, TX 75019

Mailing Address: P O Box 9001 (53 Frontage Rd)

City: Hampton State: NJ Zip Code: 08827

Telephone: 807-238-6344 Fax: 877-508-7461

Toll Free Number: 877-466-5577 ext. 5300

E-mail: Barbara.pellettiere@ikaria.com Website: www.inotherapy.com

Facility Manager: Robert Smith

Professional qualifications and experience of facility manager: see attached.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

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

VAWD

87408

NN

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: Johnson & Johnson Health Care Systems Inc.

Physical Address: 50 Scotland Blvd, Bridgewater, MA 02324

Mailing Address: Same as Business Address

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

Telephone: 508-977-6868 Fax: 508-828-6171

Toll-Free Number: N/A

E-mail: araymond@its.jnj.com Website: www.jjhcs.com

Facility Manager: Arthur J. Raymond

Professional qualifications and experience of facility manager: See Attachment B

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

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



00

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

**GENERAL INFORMATION**

Facility Name: McKesson Plasma and Biologics LLC

Physical Address: 401 Mason Road, La Vergne, TN 37086

Mailing Address: 401 Mason Road

City: La Vergne State: TN Zip Code: 37086

Telephone: 877-625-2566 Fax: 888-752-7626

Toll Free Number: 877-625-2566

E-mail: Plasma@mckesson.com Website: www.mckesson.com

Facility Manager: Steven Bidwell

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers  
☒ Other: variety stores, grocery stores, commercial firms, consumer, intra-company, clinical-surgical 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: vitamins, serum, vaccines and similar biologics, medical cosmetics

85878

PP

**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

**Pending determination of cost center**

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: <b>WH00410</b> )	

<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: Cardinal Health DBA Metro Medical Supply

Physical Address: 200 Cumberland Bend

Mailing Address: 200 Cumberland Bend

City: Nashville State: TN Zip Code: 37228

Telephone: (615) 312-9800 Fax: N/A

Toll Free Number: (800) 768-2002

E-mail: knagel@metromedical.com Website: www.cardinal.com

Facility Manager: Sharon Wilson

Professional qualifications and experience of facility manager: Overses all warehouse operations and employees to ensure safety and to process customer orders and receive and stock inventory accurately, efficiently and timely. Responsible for the maintenance, repair, cleaning, inventory, delivery, shipping, receiving and warehousing of equipment and supplies. Maintenance of company vehicles. Security of warehouse and vehicles. Comply with regulations or requirements of any licensing or regulatory agency.

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) **See Attachment #1**  
☐ Other: \_\_\_\_\_

QQ

**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: Pharmaceutical Credit Company, LLC

Physical Address: 177 Lott Court

Mailing Address: One Southern Court

City: West Columbia State: SC Zip Code: 29169

Telephone: 800-624-5926 Fax:                     

Toll Free Number: 800-624-5926

E-mail: vhostic@sasrx.com Website: www.pcccredit.com/ www.SASrx.com

Facility Manager: Gregg Erickson

Professional qualifications and experience of facility manager: See attached Resume-

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies     
 ☒ Practitioners     
 ☒ Hospitals     
 ☒ Wholesalers  
☒ Other: Manufacturers, Veterinarians, Dentists

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: DTC, Solid Doses, Injectable Pharmaceuticals, Topicals, Vitamins

RR

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. LLC

GENERAL INFORMATION

Facility Name: ProPharma Distribution, LLC

Physical Address: 4488 Georgia Road, Franklin, NC 28734

Mailing Address: 3157 Zuni Street, Denver, Colorado 80211

City: Arvada State: CO Zip Code: 80002

Telephone: (303) 305-8253 Fax: N/A

Toll Free Number: N/A

E-mail: lellis@propharmadistribution.com

Website: www.propharmadistribution.com

Facility Manager: Levi Ellis

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

9+ years experience in drug distribution operations.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☐ Wholesalers

☒ Other: Surgery Centers/Clinics

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

SS

**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.

**\*\*CHANGE OF NAME AND OWNERSHIP, NO CHANGE TO FEIN OR ADDRESS\*\***

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH00698 )	

<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: TOP RX, LLC.

Physical Address: 2950 BROTHER BLVD. BARTLETT, TN 38133

Mailing Address: C/O STATE LICENSE SERVICING, INC. 1751 STATE RTE, 17A SUITE 3

City: FLORIDA State: NY Zip Code: 10921

Telephone: 845-544-2482 Fax: 845-544-2481

Toll Free Number: N/A

E-mail: TOP@SLSNY.COM Website: WWW.TOPRX.COM

Facility Manager: Anne Tetreault

Professional qualifications and experience of facility manager: 23 years with Top RX  
Performing facility manager duties.

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

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

TT

## 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 INFORMATIONFacility Name: Unique Pharmaceuticals, LTDPhysical Address: 5920 South General Bruce DriveMailing Address: sameCity: Temple State: TX Zip Code: 76502Telephone: 888-339-0874 Fax: 254-933-4445Toll Free Number: 888-339-0874E-mail: Heeah@upisolutions.com Website: www.upisolutions.comFacility Manager: Travis A. Leah PIC, President

Professional qualifications and experience of facility manager: Pharmacist w/  
20 years experience in sterile IV compounding. Experience  
in USP 795 and 797, and CGMPs.  
 Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies☒ Practitioners☒ Hospitals☐ Wholesalers☒ Other: 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: Sterile And Non-Sterile Compounded preparations <sup>see attached</sup>

44

# 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: Vernalis Therapeutics, Inc.

Physical Address: 1160 W. Swedesford Road, Suite 100

Mailing Address: 1160 W. Swedesford Road, Suite 100, Berwyn, PA 19312

City: Berwyn State: PA Zip Code: 19312

Telephone: 610-651-5971 Fax: 610-651-5976

Toll Free Number: 888-376-2547

E-mail: state.licensing@vernalis.com Website: www.vernalistherapeutics.com

Facility Manager: Donna Radzik

Professional qualifications and experience of facility manager: 30+ years executive management experience in the pharmaceuticals industry with a focus on operations, quality/compliance, regulatory affairs and supply chain. BSc, Chemistry, PhD, Analytical Chemistry

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 type="checkbox"/> Other: _____			

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 type="checkbox"/> Veterinary Legend Drugs
<input checked="" type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

85871



W

## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW <u>MP 01062</u> )	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input 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: CHS Pharmacy

Physical Address: 6600 NE 112th Ct. #103  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6600 NE 112th Ct. #103

City: Vancouver State: WA Zip Code: 98662

Telephone: (360) 694-7377 Fax: (360) 694-3738

E-mail: reid.nelson@chspharmacy.com Website: www.chspharmacy.com

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

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

Fri: 7am to 7pm Sat: 9am to 5pm Sun: 11am to 3pm Holidays: to

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

Name: Daniel Reid Nelsen

### 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>Medical Devices and Equipment</u>                 |

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

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



WW

# 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: Diabetic Supply of Suncoast, Inc.

Physical Address: Carrr 2, Km 26.2 Bo Espinosa, Aracado, PR 00646  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

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

Telephone: 787-270-6300 Fax: 787-270-4400

E-mail: DRR ~~DRR~~@dsosi.com Website: N/A

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

Mon: 9<sup>am</sup> to 5<sup>pm</sup> Tue: 9<sup>am</sup> to 5<sup>pm</sup> Wed: 9<sup>am</sup> to 5<sup>pm</sup> Thu: 9<sup>am</sup> to 5<sup>pm</sup>  
Fri: 9<sup>am</sup> to 5<sup>pm</sup> Sat: closed to Sun: closed to Holidays: closed to

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

Name: Victoria Thuss, owner

### 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 checked="" type="checkbox"/> Diabetic Supplies | Other: _____  |

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

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

87898

XX

## 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: Jodee, Inc.

Physical Address: 3100 N. 29th Avenue, Hollywood, FL 33020  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3100 N. 29th Avenue

City: Hollywood State: FL Zip Code: 33020

Telephone: 954-926-1900 Fax: 954-926-1926

E-mail: rlopez@jodeeinc.com Website: www.jodee.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 5:00pm Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Raul Lopez

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

<input type="checkbox"/> Medical Gases**	<input type="checkbox"/> Assistive Equipment
<input type="checkbox"/> Respiratory Equipment**	<input type="checkbox"/> Parenteral and Enteral Equipment**
<input type="checkbox"/> Life-sustaining equipment**	<input checked="" type="checkbox"/> Orthotics and Prosthesis
<input type="checkbox"/> Diabetic Supplies	Other: <u>Post-Mastectomy Bras and External Breast Forms only</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

86380

## NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>MP00010</u> )
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

## FACILITY INFORMATION

Facility Name: Liberty Medical, LLC d/b/a Liberty Medical Supply  
Physical Address: 8883 Liberty Lane, Suite 250, Port St. Lucie FL 34951  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8881 Liberty Lane

City: Port St. Lucie State: FL Zip Code: 34951

Telephone: 772-398-2122 Fax: 844-363-4341

E-mail: LibertyLicensing@LibertyMedical.com Website: www.LibertyMedical.com

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

Mon: 8<sup>30</sup> to 5 Tue: 8<sup>30</sup> to 5 Wed: 8<sup>30</sup> to 5 Thu: 8<sup>30</sup> to 5  
Fri: 8<sup>30</sup> to 5 Sat: closed Sun: closed Holidays: closed

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

Name: David Wallace

## 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 Prosthetics          |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>CPAP, Ostomy, Catheters, etc.</u>                 |

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

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

ZZ

USPS  
9405 5126 9935 0059 5034 42

## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW <u>MP 01034</u> )
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

### FACILITY INFORMATION

Facility Name: Liberty Medical, LLC d/b/a Liberty Medical Supply

Physical Address: 8881 Liberty Lane, Port St. Lucie, FL 34952  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same as above

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

Telephone: 772-398-2122 Fax: 844-363-4341

E-mail: LibertyLicensing@LibertyMedical.com Website: www.LibertyMedical.com

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

Mon: 8<sup>30</sup> to 5 Tue: 8<sup>30</sup> to 5 Wed: 8<sup>30</sup> to 5 Thu: 8<sup>30</sup> to 5  
Fri: 8<sup>30</sup> to 5 Sat: closed Sun: closed Holidays: closed

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

Name: David A. Wallace

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

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

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

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



AAA

## 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: Owens \* Minor Distribution, Inc.

Physical Address: 550 Lakeside Blvd, Ste 200, Flower Mound, TX 7707  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Attn: Charles Burr, 9120 Lockwood Blvd

City: Mechanicsville State: VA Zip Code: 23116

Telephone: 804-723-7943 Fax: 804-723-7113

E-mail: Charles.burr@owens-minor.com Website: www.owens-minor.com

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

Mon: 7a to 7p Tue: 7a to 7p Wed: 7a to 7p Thu: 7a to 7p

Fri: 7a to 7p Sat: 1 to 1 Sun: 1 to 1 Holidays: 1 to 1

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

Name: Christopher Wroblewski

## 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 Prosthetics          |
| <input type="checkbox"/> Diabetic Supplies           | Other: <u>Negative Pressure Wound Care</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: Christopher Wroblewski

Telephone: (972) 538-5500

BBB

## NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

☒ New MDEG

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

dba: PATIENT CARE MEDICAL

#### FACILITY INFORMATION

Facility Name: RESPIRATORY SOLUTIONS, LLC

Physical Address: 18 Technology DR. # 164  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: IRVINE State: CA. Zip Code: 92618

Telephone: 949-398-8700 Fax: 949-398-8701

E-mail: lvallefucoco@RSCAP.com Website: www.patientcaremedical.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: by appointment Sun: CLOSED Holidays: CLOSED

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

Name: LANNETTE VALLEFUOCO

#### 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: UROLOGICALS

\*\*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: \_\_\_\_\_

CCC

# 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: Philips Refurbished Systems, a division of Philips Electronics North America Corporation

Physical Address: 595 Miner Road, Highland Heights, OH 44143  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Philips Healthcare, Attn: Connie Marchany, 3000 Minuteman Road

City: Andover State: MA Zip Code: 01810

Telephone: 440-483-3000 Fax: 440-483-4302

E-mail: david.rako@philips.com Website: www.usa.philips.com/healthcare

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

Mon: 7 am to 5 pm Tue: 7 am to 5 pm Wed: 7 am to 5 pm Thu: 7 am to 5 pm  
Fri: 7 am to 5 pm Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: David Rako

### 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           | <input checked="" type="checkbox"/> 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

DDD

# 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: ResMed Corp.

Physical Address: 600 Riverside Parkway, Suite 100, Lithia Springs, GA 30122  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9001 Spectrum Center Blvd.

City: San Diego State: CA Zip Code: 92123

Telephone: 858-836-6703 Fax: 858-836-5517

E-mail: julie.hutt@resmed.com Website: www.resmed.com

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

Mon: 8am to 12am Tue: 8am to 12am Wed: 8am to 12am Thu: 8am to 12am

Fri: 8am to 12am Sat:     to     Sun:     to     Holidays:     to    

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

Name: Wanda Daniels

### 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>Durable medical equipment prescription</u> required |

\*\*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: \_\_\_\_\_



EEE

# 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: ResMed Corp.

Physical Address: 23650 Brodiaea Avenue, Moreno Valley, CA 92553  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 9001 Spectrum Center Blvd.

City: San Diego State: CA Zip Code: 92123

Telephone: 858-836-6703 Fax: 858-836-5517

E-mail: julie.hutt@resmed.com Website: www.resmed.com

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

Mon: 9am to 6pm Tue: 9am to 6pm Wed: 9am to 6pm Thu: 9am to 6pm  
Fri: 9am to 6pm Sat:     to     Sun:     to     Holidays:     to    

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

Name: Michael Cockrell

### 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>Durable medical equipment prescription required</u> |

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

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

FFF

# 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: Med Share, Inc. N/A Whitley Home Medical Equipment

Physical Address: 919 Fleming St., Hendersonville, NC 28791  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 919 Fleming St.

City: Hendersonville State: NC Zip Code: 28791

Telephone: 828-692-4766 Fax: 828-693-5307

E-mail: CSuess@allstatesmedical.com Website: N/A

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

Mon: 9<sup>am</sup> to 5<sup>pm</sup> Tue: 9<sup>am</sup> to 5<sup>pm</sup> Wed: 9<sup>am</sup> to 5<sup>pm</sup> Thu: 9<sup>am</sup> to 5<sup>pm</sup>  
Fri: 9<sup>am</sup> to 5<sup>pm</sup> Sat: Closed Sun: Closed Holidays: Closed

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

Name: Carolyn Suess

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

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

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

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

GGE

# 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.

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW <u>MP00087</u> )			

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

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

MDEG Name: MERRY X-RAY - DIBA as MBI, INC.

Physical Address: 1353 ARVILLE STREET, LAS VEGAS, NV 89102  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8020 TYLER BLVD

City: SPENCER State: OH Zip Code: 44060

Telephone: 440-701-1451 Fax: 440-701-1314

E-mail: FRANK.KRASHOL@MERRYXRAY.COM Website: MERRYXRAY.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: to Sun: to Holidays: to

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

Name: Scott Graham

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

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

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

HHH

# 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.

Limited Liability Company

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

MDEG Name: United Seating and Mobility LLC DBA Numotion

Physical Address: 280 S Rock Blvd Ste 210 Reno NV 89502  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 975 Horner Dr Ste 250

City: Hazelwood State: MO Zip Code: 63042

Telephone: 775-433-6843 Fax: 775-200-0871

E-mail: administration@numotion.com Website: www.numotion.com

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

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

Fri: 8:30 to 5pm Sat: X to \_\_\_\_\_ Sun: X to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: Renee Morris

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

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

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

810460

**III**

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

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

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

☐ New Wholesaler    ☒ Ownership Change    ☒ Name Change    ☐ Location Change  
(Please provide current license number if making changes: WH 00531)

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

**GENERAL INFORMATION**

Facility Name: MERRY X-RAY DBA AS MBI, INC.  
Physical Address: 1353 ARVILLE ST.  
Mailing Address: 1353 ARVILLE ST.  
City: LAS VEGAS State: NV Zip Code: 89102  
Telephone: 702-259-1999 Fax: 702-259-1090  
Toll Free Number: Krashoc  
E-mail: FRANK.KRASDOL@MERRYXRAY.COM Website: MERRYXRAY.COM  
Facility Manager: SCOTT GRAHAM  
Professional qualifications and experience of facility manager: See Attached

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

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

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

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



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

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

**Pending determination of cost center**

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

☐ New Wholesaler    ☒ Ownership Change    ☐ Name Change    ☐ Location Change  
(Please provide current license number if making changes: **WH 01391**)

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

**GENERAL INFORMATION**

Facility Name: Cardinal Health dba Metro Medical Supply  
Physical Address: 6645 Echo Ave, Suite C  
Mailing Address: 6645 Echo Ave, Suite C  
City: Reno State: NV Zip Code: 89506  
Telephone: (775) 677-8514 Fax: (775) 667-2792  
Toll Free Number: N/A  
E-mail: knagel@metromedical.com Website: www.cardinal.com  
Facility Manager: Luis Pacheco

Professional qualifications and experience of facility manager: Oversee all warehouse operations and employees to ensure safety and to process customer orders and receive and stock inventory accurately, efficiently and timely. Responsible for the maintenance, repair, cleaning, inventory, delivery, shipping, receiving and warehousing of equipment and supplies. Maintenance of company vehicles. Security of warehouse and vehicles. Comply with regulations or requirements of any licensing or regulatory agency.

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: \_\_\_\_\_

KKK

**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: AARON PHARMACY

Physical Address: 2800 W. SAKARA AVENUE #6C,

Mailing Address: 2800 W. SAKARA AVENUE #6C

City: LAS VEGAS State: NV Zip Code: 89102

Telephone: 702-608-1220 Fax: 866 438 7771

Toll Free Number: N/A

E-mail: FELIX.EGBASE@YAHOO.COM Website: \_\_\_\_\_

Managing Pharmacist: FELIX EGBASE License Number: NV17240

**Hours of Operation:**

Monday thru Friday 10 am 4 pm

Saturday Closed am \_\_\_\_\_ pm

Sunday Closed am \_\_\_\_\_ pm

24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

87540

LL

**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 type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>ASC02411</u> )			

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

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

Pharmacy Name: PHC-Elko, Inc. d/b/a Great Basin Surgical Center, a Service of Northeastern Nevada Regional Hospital

Physical Address: 855 Golf Course Road, Elko, NV 89801

Mailing Address: 855 Golf Course Road

City: Elko State: NV Zip Code: 89801

Telephone: 775-753-4700 Fax: 775-753-4703

Toll Free Number: N/A

E-mail: ann.cariker@lpnt.net

Website: nnrhospital.com

Managing Pharmacist: John Elwood License Number: 8565

**Hours of Operation:**

Monday thru Friday <u>7:00</u> am <u>5:00</u> pm	Saturday <u>N/A</u> am <u>N/A</u> pm
Sunday <u>N/A</u> am <u>N/A</u> pm	24 Hours <u>N/A</u>

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail <input checked="" type="checkbox"/> Hospital (# beds <u>75</u> ) (outpatient department of Northeastern Nevada Regional Hospital) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input checked="" type="checkbox"/> Outpatient/Discharge (outpatient surgery) <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
--	--

47341



MMN

**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 type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> <b>Ownership Change</b>	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>TB02883</u> )			

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

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

Pharmacy Name: HORIZON SPECIALTY HOSPITAL OF HENDERSON

Physical Address: 8550 S.EASTERN AVE

Mailing Address: SAME

City: LAS VEGAS State: NV Zip Code: 89123

Telephone: (702) 382-3155 Fax: (702) 405-1961

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

www.horizon specialty henderson.com

E-mail: lisa.espin@Fund-LTC.com Website: \_\_\_\_\_

Managing Pharmacist: NELSON MUKUNA License Number: 16311

**Hours of Operation:**

Monday thru Friday 7 am 3:30 pm

Saturday 8:30 am 1:30 pm

Sunday 8:30 am 1:30 pm

24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- ☐ Retail
- ☒ Hospital (# beds 39)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

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

NNN

**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 type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>IBD1208</u> )			

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

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

Pharmacy Name: HORIZON SPECIALTY HOSPITAL of Las Vegas

Physical Address: 640 DESERT LANE

Mailing Address: SAME

City: LAS VEGAS State: NV Zip Code: 89106

Telephone: (702) 382-3155 Fax: (702) 405-1961

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

E-mail: lisa.espin@FundLtc.com Website: www.horizonspecialtyhosp.com

Managing Pharmacist: JAMES PONIEWAZ License Number: 16781

**Hours of Operation:**

Monday thru Friday 8 am 4:30 pm

Saturday 8:30 am 12:30 pm

Sunday 8:30 am 12:30 pm

24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input type="checkbox"/> Retail <input checked="" 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
--	--

000

**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: GTMI Corporation dba LAS VEGAS INFUSION PHARMA

Physical Address: 400 WHITNEY RANCH DRIVE SUITE 400 HC14, C15 HENDERSON, NV

Mailing Address: 400 WHITNEY RANCH DRIVE SUITE 400 HC14, C15 89014

City: HENDERSON State: NV Zip Code: 89014

Telephone: pending Fax: pending

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

E-mail: pharmacist@ssprx.com Website: \_\_\_\_\_

Managing Pharmacist: GENE TEJERO License Number: 14164

**Hours of Operation:**

Monday thru Friday 8:30 am 6 pm

Saturday \_\_\_\_\_ am \_\_\_\_\_ pm

Sunday \_\_\_\_\_ am \_\_\_\_\_ pm

24 Hours /

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

☒ Retail

☐ Hospital (# beds \_\_\_\_\_)

☐ Internet

☐ Nuclear

☐ Out of State

☐ Ambulatory Surgery Center

☐ Off-site Cognitive Services

☐ Parenteral

☒ Parenteral (outpatient) HOME INFUSION

☐ Outpatient/Discharge

☐ Mail Service

☐ Long Term Care

PPP

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

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

Pharmacy Name: Rx2U, LLC.

Physical Address: 1485 E. Flamingo Road, Suite B, Las Vegas, NV 89119

Mailing Address: Same as above

City: N/A State: N/A Zip Code: N/A

Telephone: 702-252-7928 Fax: 702-227-7928

Toll Free Number: None

E-mail: Maryam@Rx2U-LV.com Website: www.Rx2U-LV.com

Managing Pharmacist: Maryam Rastkerdar License Number: 18656

**Hours of Operation:**

Monday thru Friday 9:00 am 5:00 pm      Saturday N/A am N/A pm  
 Sunday N/A am N/A pm      24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 14-061-RPH-A-N
	)	CASE NO. 14-061-RPH-B-N
Petitioner,	)	CASE NO. 14-061-PH-N
v.	)	
JENAE JEPPSON SCHRODER, RPH	)	NOTICE OF INTENDED
Certificate of Registration No. 18541,	)	ACTION AND ACCUSATION
BELINDA E. HUBKEY, RPH	)	
Certificate of Registration No. 15310, and	)	
WALGREENS PHARMACY #04788	)	
Certificate of Registration No. PH01306,	)	
Respondents.	)	



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

**I.**

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Jenae Jeppson Schroder (Ms. Schroder), Certificate of Registration No. 18541, and Respondent Belinda E. Hubkey (Ms. Hubkey), Certificate of Registration No. 15310, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #04788 (Walgreens), Certificate of Registration No. PH01306, was a pharmacy registered with the Board.

**II.**

On or about August 29, 2014, Jacob Vernon (Mr. Vernon) filed a complaint with the Board on behalf of his stepchild, thirteen-year-old S.G. In the complaint, Mr. Vernon alleged that Walgreens filled and dispensed a prescription for S.G. with the incorrect dosing instructions.

III.

On July 2, 2014, S.G. saw her physician who prescribed a quantity of thirty (30) Focalin XR 10 mg. capsules with instructions to take one capsule by mouth every day.

IV.

The prescription was tendered to Walgreens later that day. The following day, July 3, 2014, Walgreens filled the prescription and dispensed the medication to S.G.'s mother.

V.

During the subsequent administration of the Focalin XR to their daughter, the parents felt that the frequency of administration stated on the prescription label (one capsule four times per day) was excessive. They therefore modified the administration to one capsule two times daily.

VI.

S.G. ingested twenty-four (24) Focalin XR 10 mg. capsules over a fourteen (14) day period. Within days of the initial administration of the Focalin XR, SG became withdrawn and emotionally distraught.

VII.

On July 17, 2014, S.G.'s parents contacted the prescriber and learned that the dosing instructions on the prescription label generated by Walgreens were incorrect.

VIII.

According to pharmacy records, pharmaceutical technician Katherine Urrutia (Ms. Urrutia) scanned S.G.'s Focalin XR prescription (prescription number 1206263) into the pharmacy computer system on July 2, 2014, and sent it to a production queue for processing the next day.

IX.

On July 3, 2014, Ms. Urrutia retrieved the Focalin XR prescription from the production queue. During data entry, Ms. Urrutia inadvertently entered "QID" (four times per day) in the patient instructions rather than "QD" (once per day) as written by the prescriber.

X.

Ms. Urrutia sent the prescription data into the data entry verification queue for approval by the pharmacist prior to filling the medication.

XI.

Pharmacist Schroder performed data verification and filled the prescription. She approved the data entry, prescription label and contents of the bottle as accurate, and staged the final product for a pharmacist's final review. Ms. Schroder failed to detect the error in the patient dosing instructions throughout the entire filling and verification process.

XII.

Ms. Schroder performed the final product verification. At the final verification, a drug utilization review (DUR) alert displayed on the computer screen indicating that the dosage entered exceeds the recommended pediatric dosage. Ms. Schroder entered an override for the DUR within (1) second after performing data verification, and approved the final product as accurate and complete. Again, Ms. Schroder failed to identify the error in the patient dosing instructions.

XIII.

On July 3, 2014, S.G.'s mother picked up the prescription from Walgreens. Pharmacist Hubkey provided counseling to S.G.'s mother. Ms. Hubkey did not detect the error in the patient dosing instructions during counseling.

#### **FIRST CAUSE OF ACTION**

XIV.

In failing to strictly follow the instructions of S.G.'s physician by verifying and dispensing a prescription for Focalin XR 10 mg. capsules with instructions to take four (4) capsules by mouth daily rather than take one (1) capsule by mouth daily as prescribed by S.G.'s physician, Ms. Schroder violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

#### **SECOND CAUSE OF ACTION**

XV.

By failing to act upon the DUR alert displayed on the computer screen indicating that the



dosage entered exceeds the recommended pediatric dosage, Ms. Schroder violated NRS 639.210(4) and/or NAC 639.945(1)(i), which is grounds for action under NRS 639.255.

### **THIRD CAUSE OF ACTION**

#### **XVI.**

By failing to detect during counseling that the dosing instructions for the prescription for Focalin XR 10 mg. capsules was incorrectly labeled with instructions to take four (4) capsules by mouth daily rather than to take one (1) capsule by mouth daily as prescribed, Ms. Hubkey provided inadequate counseling in violation of NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and under NRS 639.255.

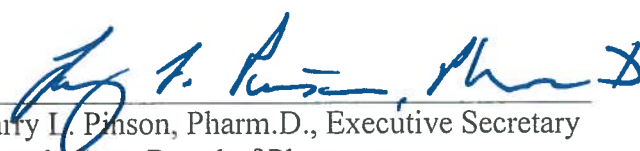
### **FOURTH CAUSE OF ACTION**

#### **XVII.**

As the pharmacy in which the violations alleged above occurred, Walgreens is statutorily responsible for the actions of respondents Jenae Jeppson Schroder and Belinda E. Hubkey, 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.

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 22 day of April, 2015.

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

### **NOTICE TO RESPONDENT**

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 14-061-RPH-A-N</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>STATEMENT TO THE</b>
	)	<b>RESPONDENT NOTICE</b>
<b>JENAE JEPPSON SCHRODER, RPH</b>	)	<b>OF INTENDED ACTION</b>
<b>Certificate of Registration No. 18541,</b>	)	<b>AND ACCUSATION</b>
	)	<b>RIGHT TO HEARING</b>
<b>Respondent.</b>	/	

---

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

I.

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

II.

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

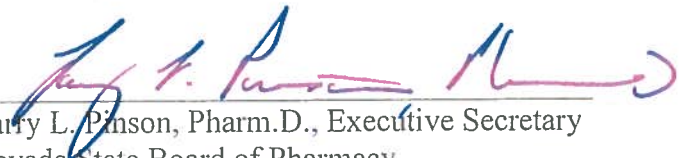
III.

The Board has reserved Wednesday, June 10, 2015, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 22<sup>nd</sup> day of April, 2015.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 14-061-RPH-A-N</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>ANSWER AND NOTICE</b>
	)	<b>OF DEFENSE</b>
<b>JENAE JEPPSON SCHRODER, RPH</b>	)	
<b>Certificate of Registration No. 18541,</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of \_\_\_\_\_, 2015.

---

JENAE JEPPSON SCHRODER, RPH

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	
	)	<b>CASE NO. 14-061-RPH-B-N</b>
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>ANSWER AND NOTICE</b>
	)	<b>OF DEFENSE</b>
<b>BELINDA E. HUBKEY, RPH</b>	)	
<b>Certificate of Registration No. 15310,</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of \_\_\_\_\_, 2015.

---

BELINDA E. HUBKEY, RPH



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 14-061-PH-N</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>ANSWER AND NOTICE</b>
	)	<b>OF DEFENSE</b>
<b>WALGREENS PHARMACY #04788</b>	)	
<b>Certificate of Registration No. PH01306,</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of \_\_\_\_\_, 2015.

---

Authorized Representative for  
WALGREENS PHARMACY #04788

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

PHUONG QUYNH DOAN, RPH  
Certificate of Registration No. 18605,

SUSAN BLAIR, RPH  
Certificate of Registration No. 17494,

KENNY HOA PHAM, RPH  
Certificate of Registration No. 17592,

MAILANI ESPIRITU, RPH  
Certificate of Registration No. 17117, and

WALGREENS PHARMACY #11227  
Certificate of Registration No. PHC02513,

Respondents.

CASE NO. 14-076-RPH-A-N  
CASE NO. 14-076-RPH-B-N  
CASE NO. 14-076-RPH-C-N  
CASE NO. 14-076-RPH-D-N  
CASE NO. 14-076-PH-N

NOTICE OF INTENDED  
ACTION AND ACCUSATION



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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondents Phuong Quynh Doan (Ms. Doan), Certificate of Registration No. 18605; Susan Blair (Ms. Blair), Certificate of Registration No. 17494; Kenny Hoa Pham (Mr. Pham) Certificate of Registration 17592; and Mailani Espiritu (Ms. Espiritu), Certificate of Registration 17117, were pharmacists registered with the Board, and Respondent Walgreens Pharmacy #11227 (Walgreens), Certificate of Registration No. PHC02513, was a pharmacy registered with the Board.

II.

On March 5, 2014, the Board entered a Stipulation and Order (Order) in the case of Respondent Susan Blair (Case No. 13-039-RPH-N), and Respondent Walgreens #11227 (Case No. 13-039-PH-N). In its Order, the Board fined Ms. Blair and Walgreens #11227 for violations related to filling a prescription not in accordance with instructions from the prescriber.

III.

On or about October 22, 2014, Deborah Campanella, RN, Northern Nevada Adult Mental Health Services, filed a complaint with the Board on behalf of patient K.Z. In the complaint, Nurse Campanella alleged that Walgreens filled and dispensed K.Z.'s prescription for Brintellix 5 mg. tablets with Brintellix 20 mg. tablets.

IV.

On August 14, 2014, K.Z. saw her physician who prescribed a quantity of thirty (30) Brintellix 5 mg. tablets with instructions to take one tablet by mouth at bedtime. The physician authorized four refills of the prescription.

V.

Walgreens accepted the prescription on August 15, 2014, and filled it on August 22, 2014. K.Z. picked up the medication on August 25, 2014.

VI.

On October 10, 2014, K.Z. returned to Walgreens to pick up a subsequent refill of Brintellix. At that time, pharmacy staff informed K.Z. that the prescription Walgreens dispensed in August contained Brintellix 20 mg. tablets rather than the Brintellix 5 mg. tablets as prescribed.

VII.

K.Z. had ingested thirty (30) of the erred medication.

VIII.

K.Z. contacted Nurse Campanella regarding the dispensing error. In a subsequent

follow-up examination, Nurse Campanella noted that K.Z. was displaying marked symptoms of agitation and nervousness, possibly attributed to the Brintellix overdose.

IX.

According to pharmacy records, pharmaceutical technician James Wright scanned K.Z.'s Brintellix prescription (prescription number 389857) into the pharmacy computer system on August 15, 2014, and sent it to the production queue for processing.

X.

Pharmaceutical technician Delmi Zelaya (Ms. Zelaya) retrieved the Brintellix prescription from the production queue. During data entry, Ms. Zelaya inadvertently entered the Brintellix strength as 20 mg., rather than the 5 mg. as prescribed.

XI.

Ms. Zelaya sent the prescription data into the data entry verification queue for approval by the pharmacist prior to filling the medication.

XII.

Pharmacist Doan performed data verification for prescription number 389857. Mr. Doan failed to detect the error in the strength of Brintellix during the verification process. He approved the data entry and sent it to the queue for filling.

XIII.

Subsequent to data verification, the prescription went into a holding status pending resolution of insurance issues. Walgreens' prescription holding process is to file the original hard-copy prescription versus placing it in the "hold box."

XIV.

The insurance issues were resolved on August 22, 2014. The Brintellix prescription went back into production and assigned a new prescription number (391017). The Board investigation revealed that the original hard-copy prescription did not have a cancellation on the reverse side nor did it have any reference to the new prescription number. A search of the pharmacy

computer system showed no reference to the original prescription number 389857.

XV.

Per Walgreens' policy, prescriptions brought back into production after an insurance hold will retain the original data entry information, and go through another data entry review and verification by a pharmacist. The Audit/Board of Pharmacy Report (Report) indicates that pharmaceutical technician Zelaya performed another data entry on August 22, 2014, at 12:01 p.m. This is questionable as Ms. Zelaya was not on the schedule to work on August 22, 2014. The Report gave no indication of any other data entry reviews for that date.

XVI.

The Report did indicate that pharmacist Pham entered a Drug Utilization Review (DUR) override at 12:07 p.m., six minutes after the suspect data entry. The DUR warning related to the patient's insurance plan indicating a potential drug-drug interaction with bupropion 100 mg. tablets. Mr. Pham failed to identify the error in the strength of Brintellix during the DUR process.

XVII.

Pharmaceutical technician Mitchell Beardsley (Mr. Beardsley) retrieved prescription number 391017 from the queue at 12:34 p.m. Mr. Beardsley filled the prescription and staged the labeled prescription bottle and contents, label set and stock bottle for the pharmacist's final product review.

XVIII.

Ms. Blair performed the final product verification. Ms. Blair failed to detect that the prescription bottle contained Brintellix 20 mg. tablets rather than the Brintellix 5 mg. tablets as prescribed. Ms. Blair approved the prescription as accurate and complete and staged the final product for customer pickup.

XIX.

The Audit/Board of Pharmacy Report indicates that Pharmacist Espiritu attempted

counseling and that K.Z. declined. This is not consistent with the screenshot of the prescription profile in the pharmacy computer system which indicates that counseling was provided. During counseling, or the attempted counseling, Ms. Espiritu did not detect the error in the strength of Brintellix 20 mg.

**FIRST CAUSE OF ACTION**  
**(Respondent Phuong Quynh Doan)**

XX.

By failing to detect during data verification that Brintellix 20 mg. tablets was erroneously selected during data entry, rather than the Brintellix 5 mg. tablets prescribed, Ms. Doan violated Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to Nevada Revised Statute (NRS) 639.210(4), (11), and/or (12), and NRS 639.255.

**SECOND CAUSE OF ACTION**  
**(Respondent Kenny Hoa Pham)**

XXI.

In failing to identify during the drug utilization review process that Brintellix 20 mg. tablets had been substituted for the Brintellix 5 mg. tablets prescribed, Mr. Pham violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

**THIRD CAUSE OF ACTION**  
**(Respondent Susan Blair)**

XXII.

In failing to strictly follow the instructions of K.Z.'s physician by verifying and dispensing a prescription for Brintellix 20 mg. tablets rather than the Brintellix 5 mg. tablets prescribed, Ms. Blair violated NAC 639.945(1)(d) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4), (11), and/or (12), and NRS 639.255.

**FOURTH CAUSE OF ACTION**  
**(Respondent Mailani Espiritu)**

XXIII.

In failing to provide adequate counseling on K.Z.'s new prescription, Ms. Espiritu



violated NRS 639.266(1) and NAC 639.707(1) and (2), as well as NAC 639.945(1)(i), which violations are grounds for action pursuant to NRS 639.210(4), (11) and/or (12), and under NRS 639.255.


**FOURTH CAUSE OF ACTION**  
**(Respondent Walgreens Pharmacy #11227)**

XXVI.

As the pharmacy in which the foregoing violations, or any one of them, occurred, Respondent Walgreens is statutorily responsible for the actions of its employees, and is therefore subject to discipline pursuant to NAC 639.945(1)(d), (i) and (2), and/or NAC 639.707(1) and (2), which violations are grounds for action pursuant to NRS 639.266(1) and/or 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 22<sup>nd</sup> day of April, 2015.

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

**NOTICE TO RESPONDENT**

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**PHUONG QUYNH DOAN, RPH  
Certificate of Registration No. 18605,**

**Respondent.**

)  
) **CASE NO. 14-076-RPH-A-N**  
)  
)  
) **STATEMENT TO THE**  
) **RESPONDENT NOTICE**  
) **OF INTENDED ACTION**  
) **AND ACCUSATION**  
) **RIGHT TO HEARING**

/

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

**I.**

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

**II.**

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


**III.**

The Board has reserved Wednesday, June 10, 2015, as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 22<sup>nd</sup> day of April, 2015.

  
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,**

**v.**

**PHUONG QUYNH DOAN, RPH  
Certificate of Registration No. 18605,**

**Respondent.**

**CASE NO. 14-076-RPH-A-N**

**NOTICE OF INTENDED  
ACTION AND ACCUSATION**

---

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 \_\_\_\_\_, 2015.

---

PHUONG QUYNH DOAN, RPH

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 14-076-RPH-B-N
	)	
v.	)	ANSWER AND NOTICE
	)	OF DEFENSE
SUSAN BLAIR, RPH	)	
Certificate of Registration No. 17494,	)	
	)	
<u>Respondent.</u>	/	

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 \_\_\_\_\_, 2015.

---

SUSAN BLAIR, RPH



-1-

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 \_\_\_\_\_, 2015.

---

KENNY HOA PHAM, RPH

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 14-076-RPH-D-N</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>ANSWER AND NOTICE</b>
	)	<b>OF DEFENSE</b>
<b>MAILANI ESPIRITU, RPH</b>	)	
<b>Certificate of Registration No. 17117,</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of \_\_\_\_\_, 2015.

---

MAILANI ESPIRITU, RPH

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

<b>NEVADA STATE BOARD OF PHARMACY,</b>	)	<b>CASE NO. 14-076-PH-N</b>
	)	
<b>Petitioner,</b>	)	
<b>v.</b>	)	<b>ANSWER AND NOTICE</b>
	)	<b>OF DEFENSE</b>
<b>WALGREENS PHARMACY #11227</b>	)	
<b>Certificate of Registration No. PHC02513,</b>	)	
	)	
<b>Respondent.</b>	/	

---

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

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

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

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

DATED this \_\_\_\_ day of \_\_\_\_\_, 2015.

---

Authorized Representative for  
WALGREENS PHARMACY #11227



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

LESLIE ANN MCLAUGHLIN, PT  
Certificate of Registration No. PT10570

Respondent.

) CASE NO. 15-024-PT-N  
)  
) **NOTICE OF INTENDED ACTION**  
) **AND ACCUSATION**  
)  
)  
)  
)  
)

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because respondent Leslie Ann McLaughlin, PT. (Ms. McLaughlin), Certificate of Registration No. PT10570, was a registered pharmacy technician with the Board at the time of the events alleged herein.

II.

On or about May 6, 2015, Board Staff received notification from Renown Regional Medical Center's Pharmacy Clinical Manager notifying the Board that during a random drug screen on April, 17, 2015, Ms. McLaughlin tested positive for cocaine metabolite. Renown provided Board Staff a copy of Ms. McLaughlin's positive test result.


## FIRST CAUSE OF ACTION

### III.

By using cocaine and testing positive for cocaine use during a random drug screen, respondent Leslie Ann McLaughlin violated Federal and State law regarding a controlled substance and is subject to discipline by the Board pursuant to Nevada Revised Statute (NRS) 639.210(1), (3), (4), (5), (11) and/or (12), as well as Nevada Administrative Code (NAC) 639.945 (1)(i).

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 7<sup>th</sup> day of May, 2015.



---

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

## NOTICE TO RESPONDENT

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






III.

The Board has reserved Wednesday, June 10, 2015, as the date for a hearing on this matter at the Hyatt Place, 1790 E Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 7<sup>th</sup> day of May, 2015.



---

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 15-024-PT-N
	)	
Petitioner,	)	ANSWER AND NOTICE
v.	)	OF DEFENSE
	)	
LESLIE ANN MCLAUGHLIN, PT	)	
Certificate of Registration No. PT10570	)	
	)	
	)	
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 her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against her, 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 \_\_\_\_\_, 2015.

---

LESLIE ANN MCLAUGHLIN, PT

# 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: ARLYN Middle: M Last: VALENCIA Degree: MD

Practice Name (if any): N/A

Nevada Address: 645 N Arlington  
(This must be a street address)

Suite #: \_\_\_\_\_  
(only)

PO Box: \_\_\_\_\_

E-mail: \_\_\_\_\_

City: Reno

State: NV

Zip Code: 89505

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

Date of Birth: \_\_\_\_\_

Fax: \_\_\_\_\_

Sex: ☐ M or ☒ F

Practitioner License Number: 10340

Specialty: NEUROLOGY

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.

				Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...				<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation and documentation:					
Board Administrative Action:		State:	Date:	Case #:	
SETTLEMENT		NV	3-17-2015	14-26427-1	
Criminal Action:	State:	Date:	Case #:	County:	Court:
	NV	6-2013		Clark	reckless driving

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.

Arlyn M. Valencia

Original Signature, no copies or stamps accepted.

Date

4-23-15

87006

Board Use Only: : Date Processed: \_\_\_\_\_ Amount: \$80.00

### Explanations to questions

My medical license was temporarily suspended pending treatment for dependence on

Fioricet (Butalbital/Caffeine/Acetaminophen tablets) dependence for my migraine headaches and neck and back pains arising from burst fractures of lumbar and thoracic vertebrae and cervical disc disease, and finish the Chronic Pain Treatment program at Las Vegas Recovery Center. I completed one month of inpatient program and 8 weeks of outpatient program, from 8-24-2014 to 12-5-2014 and have been compliant with the Nevada Professionals Assistance Program (NPAP) under the directorship of Dr. Peter Mansky. My license was reinstated in March 2015.

*Arlene M. Valencic*

1                   **BEFORE THE BOARD OF MEDICAL EXAMINERS**  
2                   **OF THE STATE OF NEVADA**

3                   \* \* \* \* \*

6   In the Matter of the Investigation of                   )     Case No. 14-26427-1

7                   )  
8   ARLYN M. VALENCIA, M.D.,                   )

9                   License No. 10340                   )  
10                   \_\_\_\_\_ )

FILED

MAR - 9 2015

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS  
By: \_\_\_\_\_

11                   **SETTLEMENT AGREEMENT**

12                   **THIS AGREEMENT** is hereby entered into by and between the Investigative Committee  
13 (IC) of the Nevada State Board of Medical Examiners (Board), composed of Theodore B. Berndt,  
14 M.D., Valerie J. Clark, BSN, RHU, LUTCF, and Michael J. Fischer, M.D., in the above-captioned  
15 matter, by and through Erin L. Albright, Esq., Board General Counsel and attorney for the IC, and  
16 Arlyn M. Valencia, M.D. (Respondent), as follows:

17                   **WHEREAS**, on August 21, 2014, the Board's IC filed an Order of Summary Suspension  
18 in the above-captioned matter after reviewing evidence and information which demonstrated that  
19 Respondent presented an imminent risk to the health, safety and welfare of the public. On  
20 September 23, 2014, the parties agreed, by stipulation, that Respondent's license to practice  
21 medicine in the state of Nevada shall remain indefinitely suspended; and

22                   **WHEREAS**, Respondent received a copy of the Order of Summary Suspension, reviewed  
23 it, understands it, and has had the opportunity to consult with competent counsel concerning the  
24 nature and significance of the Order of Summary Suspension. Respondent is fully advised  
25 concerning her rights and defenses to the Order of Summary Suspension, as well as the possible  
26 sanctions that may be imposed if the Board finds and concludes that she violated one or more  
27 provisions of the Nevada Medical Practice Act (MPA), i.e., Nevada Revised Statutes (NRS)  
28 Chapter 630 and Nevada Administrative Code Chapter 630; and

1       **WHEREAS**, Respondent understands and agrees that she has certain rights under the  
2 United States Constitution and the Constitution of the state of Nevada, as well as under the MPA  
3 and the Nevada Administrative Procedures Act (NRS Chapter 233B), including, but not limited to,  
4 the right to a formal hearing on the allegations against her, the right to representation by counsel  
5 in the preparation and presentation of her defense, the right to confront and cross-examine the  
6 witnesses against her, the right to written findings, conclusions and an order regarding a final  
7 decision by the Board, and the right to judicial review of any final decision by the Board that is  
8 adverse to her; and

9       **WHEREAS**, Respondent understands and agrees that this Settlement Agreement  
10 (Agreement) is entered into by and between Respondent and the Board's IC, and not with the  
11 Board, but that the IC will present this Agreement to the Board for consideration in open session  
12 at a meeting duly noticed and scheduled. Respondent understands that the IC shall advocate  
13 approval of this Agreement by the Board, but that the Board has the right to decide in its own  
14 discretion whether or not to approve this Agreement; and

15       **WHEREAS**, Respondent understands and agrees that if the Board approves the terms,  
16 covenants and conditions of this Agreement, then the terms, covenants and conditions enumerated  
17 below shall be binding and enforceable upon her.

18       **NOW THEREFORE**, in order to resolve this matter and all charges, if any, alleged by the  
19 Board's IC in the above-captioned matter, Respondent and the IC hereby agree to the following  
20 terms, covenants and conditions:

21       1.     **Jurisdiction.** Respondent is, and at all times mentioned in the Order of Summary  
22 Suspension filed in the above-captioned matter was, a physician licensed to practice medicine in  
23 the state of Nevada subject to the jurisdiction of the Board to hear and adjudicate charges of  
24 violations of the MPA, and to impose sanctions as provided by the MPA.

25       2.     **Representation by Counsel/Knowing, Willing and Intelligent Agreement.**

26       Respondent acknowledges that she is not represented by counsel and wishes to proceed  
27 towards a resolution of this matter, as set forth in this Agreement, without counsel. Respondent  
28 understands and acknowledges that she may retain and consult counsel prior to entering into this



1 Agreement. Respondent agrees that if counsel is retained for representation in this matter prior to  
2 entering into this Agreement, that counsel for the IC will be informed of such representation prior  
3 to Respondent executing this Agreement. Respondent covenants and agrees that she knowingly,  
4 willingly and intelligently enters into this Agreement.

5       3.     Waiver of Rights. In connection with this Agreement, and the terms, covenants  
6 and conditions contained herein, Respondent knowingly, willingly and intelligently waives all  
7 rights in connection with this Agreement, and the terms, covenants and conditions contained  
8 herein, and with the understanding that Respondent knowingly, willingly and intelligently waives  
9 all rights arising under or pursuant to the United States Constitution, the constitution of the  
10 state of Nevada, the MPA, NRS Chapter 233B, and any other statutory rights that may be  
11 available to her or that may apply to her in connection with the proceedings on the Summary  
12 Suspension filed herein, the defense of said Summary Suspension, the adjudication of the charges  
13 in said Summary Suspension, and the imposition of sanctions.

14       Respondent agrees that the matter of the Complaint herein may be settled and resolved in  
15 accordance with this Agreement without a hearing or any further proceedings, and without the  
16 right to judicial review.

17       4.     Acknowledgement of Reasonable Basis to Proceed. Respondent covenants and  
18 agrees that the Board's IC has a reasonable basis to believe that Respondent engaged in one or  
19 more instances of conduct that is grounds for discipline pursuant to the provisions of the MPA.

20       5.     Consent to Entry of Order. In order to resolve the matter of the summary  
21 suspension currently in place against her without incurring any further costs and expense of providing  
22 a defense to the Order of Summary Suspension: Respondent agrees to allow her license to practice  
23 medicine in the state of Nevada to be revoked, with said revocation stayed and Respondent placed  
24 on probation for a period of sixty (60) months from the date of the Board's acceptance, adoption  
25 and approval of this Agreement, with an obligation to comply with the following terms and  
26 conditions:

27     ///

28     ///

1           a.       The summary suspension of Respondent's license to practice medicine in  
2       the state of Nevada shall be lifted on March 6, 2015 and Respondent's licensure status  
3       shall be reinstated to the appropriate licensing status;

4           b.       Respondent is currently enrolled in the Nevada Professionals Assistance  
5       Program (NPAP) and shall remain enrolled in said program for the duration of her  
6       probation;

7           c.       Within fourteen (14) days the Board's adoption and approval of this  
8       Agreement, Respondent shall execute a HIPAA compliant release in favor of the Board to  
9       allow NPAP to directly provide the Board's Compliance Officer with status reports  
10      regarding Respondent's program;

11          d.       Respondent shall remain in compliance with all terms of her participation  
12      contracts with NPAP during the term her probation;

13          e.       Respondent shall complete in full any participation contract entered into  
14      with NPAP;

15          f.       Respondent shall continue her trauma therapy with Dr. Shiode for the  
16      duration of her probation;

17          g.       Within fourteen (14) days the Board's adoption and approval of this  
18      Agreement, Respondent shall execute a HIPAA compliant release in favor of the Board to  
19      allow Dr. Shiode to directly provide the Board's Compliance Officer with status reports  
20      regarding Respondent's therapy;

21          h.       Respondent shall submit to random hair and urine alcohol and drug screens at  
22      her own expense when requested by an employee of the Board. Any test that is positive for  
23      alcohol, controlled substances or dangerous drugs, other than prescribed by a treating  
24      physician or dentist, shall be considered a violation of this Agreement. Failure to comply  
25      with any such request shall be deemed to be an automatic positive test;

26          i.       Should Respondent be prescribed any controlled substances or dangerous  
27      drugs as defined in NRS 453.3615, by a treating physician or dentist, Respondent shall  
28      provide documentation from the treating physician or dentist to the Board's Compliance

1 Officer with seventy-two (72) hours of the prescription or within ninety-six (96) hours should  
2 the prescription be provided on a weekend;

3 j. For the duration of her probation, Respondent shall attend a 12-step  
4 meeting at least one time per week. On the fifth day of every month, Respondent shall  
5 submit proof of her prior month's attendance at the 12-step meetings directly to the  
6 Board's Compliance Officer;

7 k. Within fourteen (14) days of the Board's acceptance, adoption and approval  
8 of this Agreement, Respondent shall select and actively work with a 12-step sponsor to  
9 support her endeavors at sobriety;

10 l. Respondent shall attend a Caduceus meeting at least one time per month.  
11 On the fifth day of every month, Respondent shall submit proof of her prior month's  
12 attendance at the Caduceus meetings directly to the Board's Compliance Officer;

13 m. Respondent shall inform any and all employers of the terms of this Agreement  
14 during the term of her probation;

15 n. Respondent shall provide to the Board's Compliance Officer the best method  
16 to contact her and shall maintain a current address and phone number with the Compliance  
17 Officer;

18 o. Respondent shall not violate any laws or regulations of the state of Nevada  
19 during the period of her probation and Respondent shall remain in compliance with all  
20 federal laws pertaining to the practice of medicine and the prescribing, administering or  
21 dispensing of any dangerous drug or controlled substance during the term of her probation;

22 p. Respondent shall abstain from any and all mood altering/addictive  
23 substances during the term of his probation, with the exception of mood altering/addictive  
24 substances prescribed by a treating physician or dentist;

25 q. Respondent shall be solely responsible for any costs and fees associated  
26 with her compliance with all terms and conditions of this Agreement;

27 r. Pursuant to NRS 622.400, Respondent shall reimburse to the Board the sum  
28 of One Thousand Nineteen and 14/100 Dollars (\$1,019.14), the current amount of the costs

1 incurred by the Board to investigate and prosecute this matter, along with the costs to  
2 conclude the matter, if any. The costs shall be paid to the Board within twelve (12)  
3 months of the Board's acceptance, adoption and approval of this Agreement;

4 s. The formal Complaint filed in this matter shall be dismissed without  
5 prejudice and shall only be re-filed if Respondent fails to comply with the terms and  
6 conditions of her probation; and

7 t. If the IC finds that Respondent has violated any terms or conditions of this  
8 Agreement, it may immediately summarily suspend Respondent's license to practice  
9 medicine in Nevada and shall set a date for a hearing to be held within forty-five (45) days  
10 to determine whether the summary suspension of Respondent's license to practice  
11 medicine in the state of Nevada shall remain in effect.

12 6. Release From Liability. In execution of this Agreement, the Respondent, for  
13 herself, her executors, successors and assigns, hereby releases and forever discharges the state of  
14 Nevada, the Board, the Nevada Attorney General, and each of their members, agents and  
15 employees in their representative capacities, and in their individual capacities, from any and all  
16 manner of actions, causes of action, suits, debts, judgments, executions, claims and demands  
17 whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have  
18 or claim to have, against any or all of the persons or entities named in this paragraph arising out of  
19 or by reason of this investigation, this Agreement or its administration.

20 7. Procedure for Adoption of Agreement. The IC and counsel for the IC shall  
21 recommend approval and adoption of the terms, covenants and conditions contained herein by the  
22 Board in resolution of the Order of Summary Suspension pending herein against Respondent. In  
23 the course of seeking Board approval, adoption and/or acceptance of this Agreement, counsel for  
24 the IC may communicate directly with the Board staff and the adjudicating members of the Board.

25 Respondent acknowledges that such contacts and communication may be made or  
26 conducted ex parte, without notice or opportunity to be heard on her part or on the part of her  
27 counsel, if any, until the public Board meeting where this Agreement is discussed, and that such  
28 contacts and communications may include, but not be limited to, matters concerning this

1 Agreement, the Order of Summary Suspension, and any and all information of every nature  
2 whatsoever related to the Order of Summary Suspension or the proceedings herein against  
3 Respondent. The IC and its counsel agree that Respondent and/or her counsel, if any, may appear  
4 at the Board meeting where this Agreement is discussed, and if requested, respond to any  
5 questions that may be addressed to the IC or its counsel.

6 8. Effect of Acceptance of Agreement by Board. In the event the Board approves,  
7 accepts and adopts the terms, covenants and conditions set out in this Agreement, counsel for the  
8 IC will cause the Board's order accepting, adopting and approving this Agreement to be entered  
9 herein, ordering full compliance with the terms herein and ordering that this case be closed,  
10 subject to the provisions in Paragraph 5.

11 9. Effect of Rejection of Agreement by Board. In the event the Board does not  
12 accept, approve and adopt the terms, covenants and conditions set out in this Agreement, this  
13 Agreement shall be null, void, and of no further force and effect except as to the following  
14 covenant and agreement regarding disqualification of adjudicating Board panel members.  
15 Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing  
16 contained herein and nothing that occurs pursuant to efforts of the IC or its counsel to seek  
17 acceptance and adoption of this Agreement by the Board shall disqualify any member of the  
18 adjudicating panel of the Board from considering the charges, if any, against Respondent and  
19 participating in the disciplinary proceedings in any role, including adjudication of the case.  
20 Respondent further agrees that he shall not seek to disqualify any such member absent evidence of  
21 bad faith.

22 10. Binding Effect. If this Agreement is approved by the Board, Respondent  
23 covenants and agrees that this Agreement is a binding and enforceable contract upon Respondent  
24 and the Board's IC, which contract may be enforced in a court or tribunal having jurisdiction.

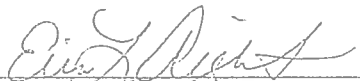
25 11. Forum Selection Clause. Respondent covenants and agrees that in the event  
26 either party is required to seek enforcement of this Agreement in the district court, she consents to  
27 such jurisdiction, and covenants and agrees that exclusive jurisdiction shall be in the  
28 Second Judicial District Court of the state of Nevada in and for the county of Washoe.

1           12.    Attorneys' Fees and Costs. Respondent covenants and agrees that in the event an  
2 action is commenced in the district court to enforce any provision of this Agreement, the  
3 prevailing party shall be entitled to recover costs and reasonable attorneys' fees.

4           13.    Failure to Comply With Terms. Failure to comply with the terms recited herein  
5 may result in additional disciplinary action being initiated against Respondent for a violation of an  
6 order of the Board in accordance with NRS 630.3065(2)(a). Moreover, the failure of Respondent  
7 to reimburse the Board for monies agreed to be paid as a condition of this Agreement may subject  
8 Respondent to civil collection efforts.

9 Dated this 18<sup>th</sup> day of February, 2015.

Dated this 17 day of February, 2015.

10 By:   
11 Erin L. Albright, Esq.  
12 Attorney for the Investigative Committee

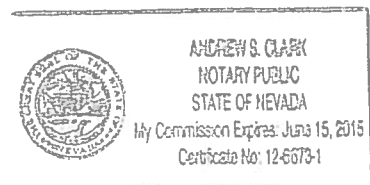
By:   
Arlyn M. Valencia, Esq.   M. D.,  
Respondent

STATE OF NEVADA           )  
  :ss.  
COUNTY OF CLARK        )

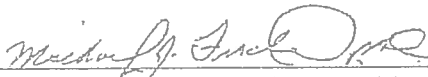
SUBSCRIBED and SWORN to before me

This 17 day of February, 2015.

18   
19  
20 Notary Public

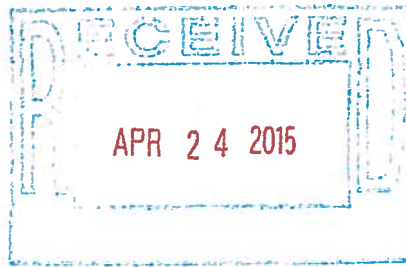


1 **IT IS HEREBY ORDERED** that the foregoing Settlement Agreement is approved and accepted by the  
2 Nevada State Board of Medical Examiners on the 6<sup>th</sup> day of March 2015, with the final total amount of  
3 costs due of \$1,019.14.

4  
5   
6 Michael J. Fischer, M.D., President  
NEVADA STATE BOARD OF MEDICAL EXAMINERS

Blank





Michael T Peters  
7302 Larkspur Lane  
Stockton, CA 95207

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

Dear Sirs:

Thank you to Mr. S. Paul Edwards for helping to clarify some questions pertaining to my application to sit for the Nevada Pharmacy Examination. My California Pharmacist License was revoked and I have forwarded the pertinent information concerning this matter to the Nevada Pharmacy Board to review. I therefore request to be added to the Docket at the next full Pharmacy Board meeting to discuss the opportunity of my sitting for the Pharmacy Examination.

Thank You!

Sincerely,



Michael T. Peters



# 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](mailto:pedwards@pharmacy.nv.gov) • Web Page: [bop.nv.gov](http://bop.nv.gov)

---

February 25, 2014

Michael Todd Peters  
7302 Larkspur Lane  
Stockton, CA 95207

**Re: Application to Sit for Pharmacy Examination**

Dear Mr. Peters:

The Nevada State Board of Pharmacy received your recent Application by Examination as a Pharmacist, by which you request authority to sit for the NAPLEX and MPJE. On your application, you answered "yes" to the question regarding whether you have "[b]een the subject of an administrative action whether completed or pending in any state?" You further indicated that the case you were involved in was California Administrative Case No. 4334.

Please provide the Board with additional information and documentation regarding that discipline. Your submission should include an explanation of the allegations against you, the resolution of those allegations, and copies of any Accusation, Proposed Decision and/or Decision and Order filed in that matter.

If you have any questions, please contact me.

Best regards,

A handwritten signature in cursive script, appearing to read "S. Paul Edwards".

S. Paul Edwards  
General Counsel  
Nevada State Board of Pharmacy

enclosure

---

JAN - 2 2015

Michael T. Peters  
7302 Larkspur Lane  
Stockton, CA 95207

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

Dear Sirs:

Thank you for your request for additional information pertaining to the revocation of my Pharmacist License with the California Board of Pharmacy and not just dismissing this unfortunate incident. I will provide you with my interpretation of the facts and arguments that occurred in Administrative Hearing #4334 which led to the revocation of my license.

#### SYNOPSIS

I was the owner of Country Club Drug Store in Valley Springs California, a rural community of about 5,000 residents located 40 miles east of Stockton, CA. The pharmacy was successful, however after 3 years of operating an Independent Pharmacy as the sole Pharmacist, the increasing stress of success and deterioration of my health were not a complementary arrangement. I had made the decision to sell the operation to a Pharmacy Chain. After several interviews and negotiations, a deal for the acquisition of Country Club Drug by a suitable chain had been reached and the necessary paperwork submitted to the State Board of Pharmacy notifying them of this arrangement and that the last day of operation was December 3, 2011. On this date of closure while my staff and I are packing up files and saying goodbye to great clients, two inspectors from the Board of Pharmacy arrived for a 'surprise' inspection. They were aware that the pharmacy was closing, but insisted on performing their inspection regardless. My staff and I did our best to accommodate the inspectors, however this produced a very chaotic environment due to the fact that the closure of the pharmacy was on a strict timeline established by the purchase agreement with the chain and this timeline had to be met. After the inspectors completed their inspection, we said goodbye to the last of our clients and each other and officially closed the pharmacy. The acquiring pharmacy then came in and performed a closing inventory and removed all records, files computers, etc. to their place of business pursuant to the Asset Purchase Agreement. After this day, I had no communication with the State Board of Pharmacy, with the exception of license renewal, until I was served a Subpoena in June/July 2012. The State Board claimed I deliberately and directly subverted a board investigation, failed to follow Board instruction, and failure to maintain accountability of dangerous drugs.

#### ACCUSATION #1 Failure to Follow the Instructions of the State Board.

The State Board claims that established closing procedures were not followed, specifically the willful and deliberate failure to submit ANY required documentation. The State Inspector claims to have had no contact/correspondence with myself prior to my receipt of the subpoena.

## RESPONSE #1

Any and all documents pertaining to the closure of Country Club Drug Store were filed at the appropriate times and submitted to the proper agency, Board of Pharmacy or DEA, as legally required. To clarify, there was no discrepancy with the DEA, only the State Board of Pharmacy.

The State Board claims I willfully and deliberately failed to submit the "Notice of Intent to Close" document to them. If we recall the State Inspectors surprise visit to Country Club Drug, the inspectors were aware that the pharmacy was closing that day. How would they know this if the Intent to Close paperwork was not filed? Not only was the paperwork filed, but these Inspectors must have already examined this document prior to inspecting the pharmacy. Shockingly, during the Administrative Hearing, the Assistant District Attorney introduced this exact document as evidence that it had not been filed. We had the Assistant DA confirm the information on the document was for Country Club Drug and verify the date the document was filed was within the legally established parameters. All information was timely and correct. This brings to question the qualifications and agenda of those pursuing this case. One would assume that someone of authority or expertise would have to review charges presented by a State Inspector, but I am skeptical. How many different sets of eyes observed this document in question as evidence. I think none. A competent Inspector or representative would have recognized that they were entering as physical evidence the very document they claim does not exist!

ACCUSATION #2 The State Board claims that I willfully and deliberately refused to submit any and all post closure documents.

## RESPONSE #2

All post closure documents were sent to the California State Board of Pharmacy and the San Francisco branch of the DEA within the legally allotted time via US Postal Service Certified Mail. Each agency had a duly assigned representative sign for and assume responsibility for these critical documents. The Return Receipt from the Post Office clearly shows a representatives signature and date that each agency received the documents in question. What happened to these critical documents after this point is unknown. What is known, however, is that the State Board of Pharmacy acknowledged receipt of and assumed responsibility for the security of these documents. For the State Board to lose, misplace or destroy these documents is an understandable outcome. Accidents happen, learn and move on. What is not acceptable is for the State Board to lose accountability of these critical documents, then attempt to avert responsibility and shift blame. To me this is simple, a State Board representative signed for and assumed responsibility of these documents.

This brings up another topic. What happens to the mail/correspondence at the Board of Pharmacy. The Board Inspector claims to have mailed correspondence to my residence using general postal delivery. I had expressed that I had never received any correspondence from the State Board other than license renewal and the aforementioned subpoena. Upon questioning of the inspector at the Administrative hearing, he revealed that Board Inspectors are not permitted to directly send or directly receive correspondence. How then, can he claim with absolute certainty that his correspondence

was indeed mailed out if he himself did not send it? If this correspondence was so important, why was certified mail not used. Ironically, the inspector claimed that I must have received this correspondence because it was not returned to him by the postal service. If certified mail is lost or misplaced within State Board offices, why should I hope for any better with general bulk mail. Why would the inspector not use telephone or e-mail just to make contact. All this contact information is available to the inspector, but he chose to ignore it. He did however, have extensive communication with the chain pharmacy that acquired Country Club Drug. There were documented e-mail, fax, and telephone correspondence with this chain (this chain also had all my contact information). Simply put, if the Inspector wanted to correspond with me, he could have. I had no way of knowing that there were outstanding issues. I received the receipts of the Certified Mail sent to the State Board and DEA. At that point, I felt all obligations pertaining to the closure of Country Club Drug were fulfilled. No e-mails, faxes, telephone calls, certified mail, fed-ex, etc. were made upon me. These are verifiable forms of communication that the State Board could have utilized to contact me. Instead, they claim that maybe a document was mailed via general mail and possibly, it was returned!

#### ACCUSATION #3 Attempt to Subvert an Investigation

##### RESPONSE #3

There was never a willful and deliberate attempt to subvert an investigation by myself. As has been presented before, the proper notice of intent to close was filed, the proper post closure documents were sent, the State Board signed receipts of Certified Mail were returned, and no contact from the State Board or Acquiring Pharmacy was received. I was never notified of any investigation? When, exactly, did the State begin this investigation? I have assisted law enforcement and DEA agents with investigations and they always involve an examination of records, files, etc. As specified in the Asset Purchase Agreement of Country Club Drug effective December 4, 2011, all records, computers, invoices, etc., became the property and responsibility of that Chain Pharmacy. I had no access to any Country Club Drug information except those post closure documents that were mailed to the State Board and DEA. If the State Board was indeed "investigating" they should have known to contact the acquiring pharmacy to examine any records. In fact, the Board Inspector did contact the acquiring pharmacy. When the State Board misplaced the post closure documents they received from me by certified mail, the Board Inspector contacted the chain pharmacy several times in an effort to obtain the very documents they misplaced. In summary, to imply that I deliberately tried to interfere or overturn a State Board Investigation is absurd and unwarranted. The evidence demonstrates that the Board Inspector and Assistant District Attorney either lacked a basic fundamental understanding of their accusations, or were pursuing a different agenda.

#### ACCUSATION #4 Failure to Maintain Accountability for Dangerous Drugs

##### RESPONSE #4

Investigation can be defined as careful examination or research to discover facts

and information. The Board Inspector claims to have conducted an investigation into the accountability of dangerous drugs at Country Club Drug Store. I'm not so sure 'investigation' is the appropriate term for what transpired.

In this particular situation, the Board Inspector makes the inflammatory claim that Country Club Drug was unable to account for over 120,000 tablets of controlled substances in a little over a year. If that is accurate how could this occur? I can think of 3 possible ways this could occur. First the pharmacy diverts about 10,000 tablets per month over the time period. Fortunately in California, the DEA and State Board track controlled substance purchases and dispensing. At that time, the program was called CURES and involved weekly computer uploads to the DEA and State Board and was performed by all pharmacies and wholesalers in an effort to identify questionable prescribing habits and pharmacy inaccuracies. If a pharmacy were deficient 10,000 units each month over a sustained period, a DEA visit would be in order, however no such visit ever occurred. Another scenario is that the pharmacy orders all 120,000 in 1 or 2 months to try to outsmart DEA agents. Again, wholesaler records and CURES data do not support such a spike in inventory purchases. The third possibility is simply an accounting error by investigators. During the Administrative hearing, the Board Inspector announced that this was his first case as a Board Inspector and that he did not request guidance or assistance from any fellow staff members or outside experts in this case. He also was unfamiliar with Country Club Drugs computer system and software, but stated they are all similar. Nothing could be farther from the truth. He also stated, to my surprise, that the Board of Pharmacy has no established protocol or policy that must be followed when dealing with accounting and audits. The Inspector claimed that they can create mathematical formulas and calculation at will. Fuzzy Math is apparently allowed. I don't really believe that, but lets move on. The accounting formula referenced for this purpose is ;

$$(\text{Starting inventory} + \text{wholesale purchase}) - \text{Rx dispensed} = \text{Closing Inventory}$$

The starting inventory was established as 0 (began after robbery) and the wholesale purchase was provided by wholesalers and is comprised of numerous NDC numbers. The other variable we have is the Closing Inventory which is established by the Audit immediately after the pharmacy closed. The remaining variable to determine is the Rx dispensed. This value can only be determined by examining the pharmacy computer software. Here comes the interesting part. Once Country Club Drug was acquired in December of 2011, the computer and software were removed by the acquiring pharmacy. Upon receipt of my subpoena from the State Board, my attorney then issued a subpoena to the acquiring chain pharmacy for Country Club Drugs invoices, records, computers, etc. in an effort to support our defense. The response from the chain pharmacy was unexpected. Apparently the store was remodeled since the acquisition and all materials related to Country Club Drug were 'accidentally' discarded. My attorney relayed this information to the State Board in hopes of generating further investigating into this blatant violation of numerous laws. My hopes fell on deaf ears. The State Board declined any involvement or investigation into the matter. Still, that raises the question, how was the RX dispensed quantity arrived at. The Inspector did not have access to Country Club

Drugs computer system so how could he create values? Turns out he used data that was obtained from the surprise inspection on closing day. The other inspector, who was not present at the administrative hearing, requested that he be faxed some drug usage reports. It was a vague request and not clarified what the purpose was for, but I had worked with him on several occasions and always complied with his requests. This turned out to be the source for the Inspector's fuzzy math. During the Administrative Hearing, it was demonstrated that the Board Inspector omitted numerous NDC numbers from his fuzzy math calculation but claimed he "had enough" to make an accurate calculation. This is truly astounding. Other NDC numbers accounted for thousands of tablets. In the hydrococone / APAP category, each strength had at least 2 primary manufacturers (Watson and Qualitest) as well as several secondary manufacturers (Mallinckrodt, Mylan, etc). Eliminating a primary manufacturer from the accounting calculation would result in a degree of error possibly exceeding 50,000 tablets per drug strength, possibly more in 5/500 and 10/325 category. How can the Inspector claim any degree of accuracy if all NDC numbers are not factored into the equation. If the State Board cannot present an audit of Country Club Drug's computerized drug use records comprising all the NDC numbers presented by the wholesalers, then the claim is wildly inaccurate and should be dismissed.

Another topic resulting in inventory variance on a smaller scale is the furnishing of controlled substances to Medical and Dental clinics. The Board Inspector declared that "there is no need for this". Unfortunately that is opinion and not pharmacy law. On a previous inspection, Board Inspector Hokana stated pharmacies were allowed to furnish professionals providing that proper procedures were followed which included the generation of an invoice similar to those used by wholesalers. The recipient professional was to sign for receipt of the items and keep a copy for their records while the original was returned to the pharmacy and kept with wholesale invoices. That was the protocol that Country Club Drug followed.

Additionally, Board Inspector Hokana assisted Country Club Drug after a "Smash and Grab" type break in occurred during closed hours. He suggested, in moving forward, that Country Club Drug develop some inventory audit protocols to help minimize inventory confusion in the event of another robbery. To that, Country Club Drug implemented a perpetual inventory for all Schedule II medications and a weekly audit form for Schedules III-V. The reports were kept in binders next to wholesaler invoices. These were examined by Inspector Hokana during the surprise visit on the last day of business. Unfortunately, that was the last they were seen. Once Country Club Drug closed that night, the purchasing pharmacy removed them to their store and lost them as well as all other records, invoices, etc.

**ACCUSATION #5** Illegally operating a "Take Back" program for clients attempting to discard syringes and unwanted medications.

**RESPONSE #5**

This is true. I was not aware the special permitting was required for this. I now know the proper way to handle these types of situations.

In Summary, the California State Board presented numerous accusations against Michael Peters and Country Club Drug. With the exception of the Take Back program, I completely and categorically deny any guilt or wrongdoing of any type. I believe the evidence and testimony presented by the State shows a significant lapse of knowledge and protocol on the State Boards part. They possessed a critical document they claimed was never submitted. They lost/misplaced a significant number of sensitive documents after signing for responsibility of said documents. Communication protocols are questionable at best. Inventory and drug auditing protocols are non-existent according to the Inspector.

The fact that there are so many glaring deficiencies with the State Boards handling of this 'investigation' I felt the Administrative Judge had no choice but to rule in my favor. Incredulously, the Judge agreed with the State Board. Punishment was not suspension or probation, but a large fine and license revocation. This was not warranted. The subsequent decline of my family coupled with my own depression and crippling anxiety caused a very dark period in my life. With Mental Health counseling and refocusing on a career as an Educator, I am improving. That being said, I was a very good pharmacist. Hopefully, after reading this and examining the online transcripts of the administrative hearing, one can see the truth I speak. I am not seeking any special favors. I simply request to begin my career over outside California at square 1. Grant permission so I can begin the licensing process again and look forward to that profession where I helped so many and restore my family's faith in me.

Thank You!

Sincerely;

Michael T. Peters  
CA Rph#48263



# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure  
(i.e. you have never been licensed as a pharmacist in any state and need to take the  
NAPLEX and Nevada MPJE), complete this application)

Total Fee: \$330.00 (non-refundable, money order or cashier's check only, no cash)

Money Order or Cashier's Check only made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: Michael Middle: Todd Last: Peters

Mailing Address: 7302 Larkspur Lane

City: Stockton State: CA Zip Code: 95207

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: Reading, PA

Social Security Number: \_\_\_\_\_ Sex: ☒ M or ☐ F

### College of Pharmacy Information

Graduation Date: 6/95  
(mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: University of the Pacific

Location of School: Stockton CA

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION.  
You also need to complete the college of pharmacy information

### ☒ Board Use Only

Received: 2/27/14 Amount: \$330.00 Entity #: 65834

Laws \_\_\_\_\_ NAPLEX \_\_\_\_\_ MPJE \_\_\_\_\_

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic #	Is the license active?	State	Lic #	Is the license active?
CA	48263	Yes <input type="checkbox"/> No <input checked="" 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 needed

				Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?..... <input type="checkbox"/> <input checked="" type="checkbox"/>					
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?..... <input type="checkbox"/> <input checked="" type="checkbox"/>					
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?..... <input checked="" type="checkbox"/> <input type="checkbox"/>					
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... <input checked="" type="checkbox"/> <input type="checkbox"/>					
If you marked YES to any of the numbered questions (1-3) above, please include the following information and provide an expiration or documents:					
Board Administrative Action:		State	Case #:		
		CA	Administrative Case # 4334		
Criminal Action:	State				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 attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I hereby authorize the Nevada State Board of Pharmacy, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, it's members, servants or employees because or by reason of the use of the authorization.

  
Original Signature, no copies or stamps accepted

12/10/2013  
Date MTP

**BEFORE THE  
BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:

**MICHAEL TODD PETERS**

7302 Larkspur Lane  
Stockton, CA 95207

Pharmacist License No. RPH 48263

Respondent.

Case No. 4334

OAH 2012110523

**DECISION AND ORDER**

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This decision shall become effective on December 20, 2013.

It is so ORDERED on November 20, 2013.

BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

By

  
\_\_\_\_\_  
STAN C. WEISSER  
Board President

BEFORE THE  
BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

MICHAEL TODD PETERS  
Stockton, CA 95207

Pharmacist License No. RPH 48263

Respondent.

Case No. 4334

OAH No. 2012110523

PROPOSED DECISION

This matter was heard on September 9 and 10, 2013, before Marcie Larson, Administrative Law Judge, Office of Administrative Hearings, State of California, in Sacramento, California.

Complainant, Virginia K. Herold (complainant), Executive Officer, Board of Pharmacy, Department of Consumer Affairs, State of California, was represented by Leslie Burgermyer, Deputy Attorney General, with the Office of the Attorney General.

Respondent Michael Todd Peters (respondent) was present and represented by Albert Ellis, Attorney at Law.

Evidence was received, the record was closed, and the matter was submitted for decision on September 10, 2013.

FACTUAL FINDINGS

1. On August 21, 1995, the Board of Pharmacy (Board) issued Pharmacist License number RPH 48263 (license) to respondent. The license was in full force and effect at all times relevant to this proceeding.
2. On July 17, 2008, the Board issued Pharmacy License number PHY 49019 to Country Club Drug Store (Country Club), located at 1919 Vista Del Lago, Suite 6, Valley Springs, California. At all relevant times to this proceeding, respondent was the owner and pharmacist-in-charge (PIC) of Country Club.

3. On September 25, 2012, complainant, in her official capacity, signed and thereafter filed the Accusation against respondent.

4. Respondent timely filed a Notice of Defense to the Accusation, pursuant Government Code sections 11505 and 11509. The matter was set for an evidentiary hearing before an Administrative Law Judge with the Office of Administrative Hearings, an independent adjudicative agency of the State of California, pursuant to Government Code section 11500, *et. seq.*

#### *Background*

5. As a result of an anonymous complaint submitted to the Board in March 2011, the Board initiated an investigation to determine if Country Club and respondent were in compliance with the Pharmacy laws and regulations. Supervising Inspector William Young and Inspector Lin Hokana, both employed by the Board, were assigned to investigate the complaint and to conduct an inspection of Country Club. Inspector Young testified at the hearing in this matter.

6. Inspector Young has been employed as a supervising inspector with the Board since May 2011. Inspector Young became a licensed pharmacist in 1994. Prior to working for the Board, Inspector Young worked as an intern, pharmacist, pharmacy manager, and district manager for Walmart, for approximately eight years. Inspector Young also worked for Rite Aid as a pharmacy manger, for the Target Stores Pharmacy Division, and at Kaiser Permanente Pharmacy Division for eight years. As a pharmacist and manager, Inspector Young participated in approximately 30 drug inventory audits. As a supervising inspector for the Board, Inspector Young leads a team of inspectors who investigate and inspect pharmacies, hospitals, clinics, and investigate consumer complaints made against licensees. Inspector Young also conducts inspections and investigations.

7. Prior to the inspection of Country Club, the inspectors identified the following commonly abused and diverted drugs (audit drugs) to audit as part of the investigation:

Generic Name and Dosages	Brand Names	Controlled Substance Per Health & Saf. Code <sup>1</sup>	Indications for Use
oxycodone with acetaminophen (10mg/325mg; 5mg/325mg)	Percocet Endocet Roxicet	Schedule II per Health & Saf. Code § 11055, subd. (b)	Pain
hydrocodone with acetaminophen (10mg/325mg; 10mg/500mg; 5mg/500mg)	Lortab Norco Vicodin	Schedule III per Health & Saf. Code § 11056, subd. (e)(4)	Pain
alprazolam (1 mg)	Xanax	Schedule IV per Health & Saf.	Anxiety

<sup>1</sup> The drugs selected for the audit are dangerous drugs that are classified by the California Health and Safety Code and Business and Professions Code, section 4022.

	Niravam	Code § 11057, subd. (d)	
diazepam (10 mg)	Valium	Schedule IV per Health & Saf. Code § 11057, subd. (d)	Anxiety

8. The audit period for the audit drugs was from March 15, 2010, through December 1, 2011 (audit period). The investigators selected March 15, 2010, as the start date of the audit period because Country Club was burglarized on that date. Respondent reported the burglary to the Board. At hearing, respondent testified that the majority of the controlled substances were stolen during the burglary, in addition to all of the paperwork that documented the amount of controlled substances received by Country Club. Therefore, March 15, 2010, served as the zero drug inventory date for the investigation.

#### *Investigation and Inspection of Country Club*

9. On December 1, 2011, Inspector Young and Inspector Hokana conducted an unannounced inspection of Country Club. When the inspectors arrived, respondent informed them that he was closing the business at the end of the day and that he sold his pharmacy inventory to CVS Pharmacy (CVS). Respondent informed the inspectors that CVS was scheduled to conduct a drug inventory the next day on December 2, 2011, and that CVS would move the drug inventory along with the pharmacy files.

10. Respondent also informed the inspectors that he sent a letter to the Board that stated Country Club would close on December 1, 2011. At the time of the inspection, the inspectors had not seen the letter and were not aware that respondent planned to close Country Club. Respondent provided the inspectors a copy of a November 18, 2011, letter he sent to the Board concerning the planned closure of Country Club and the sale of the drug inventory to CVS in Valley Springs. The letter states that "[w]ithin 30 days of closing, the State license, discontinuance of business form, and [sic] copy of CII through CV closing inventory will be returned..." At hearing, respondent testified that CVS prepared the letter which he signed and sent it to the Board. After the inspection, Mr. Young confirmed that on November 30, 2011, the Board received respondent's letter.

11. During the inspection, Inspector Young informed respondent that within 30 days of the closure of Country Club, he was required to file with the Board a Discontinuance of Business form. The purpose of the form is to provide information to the Board concerning the closing pharmacy, where the pharmacy drug inventory will be transferred to, and where records of drug acquisition and disposition will be maintained after the pharmacy closure.

#### RETURNS TO STOCK AND TAKE-BACK DRUGS

12. The December 1, 2011, inspection took place from approximately 9:30 a.m. until after 3:30 p.m. During the inspection, Inspector Young observed next to respondent's work station, a bin of dangerous drugs in amber prescription bottles with patient specific information on the bottles. Respondent informed the inspectors that the drugs were "returns

to stock" which were prescriptions that were not picked up by the customers. Respondent informed the inspectors that the returns to stock had not been reversed in the computer system and placed back into the drug inventory. Inspector Hokana informed respondent that he needed to process all the returns to stock before the end of the day. The purpose of returning the drugs to stock was to ensure that Country Club's drug inventory was accurate. Respondent informed the inspectors that CVS was not purchasing many of the bottles of returns to stock and that he hoped that CVS would give him the name of a reverse distributor that would take the drugs. Respondent had no plan on how he would dispose of the drugs.

13. The inspectors also observed in the back room of Country Club, a box containing patient prescription containers, including two prescriptions of Cymbalta and one prescription of morphine sulfate.<sup>2</sup> Respondent informed the inspectors that the prescriptions were returned by patients. At hearing, Inspector Young referred to the returned prescriptions as "take-back" drugs. Respondent had no record of how he acquired the take-back drugs and Country Club did not participate in a sanctioned take-back drug program. The inspectors informed respondent that it was illegal to take-back drugs from customers. Respondent told the inspectors that he was not aware that it was illegal to take-back drugs and that he was providing a service to his customers who were unsure of how to dispose of unused pills.

14. At the end of the inspection, the inspectors prepared on-site at Country Club, an Inspection Report, which the inspectors discussed with respondent. The Inspection Report listed the deficiencies identified by the inspectors and directives for respondent to follow. One directive required respondent to send Inspector Young a detailed copy of the drug inventory he was required to send to a reverse distributor for the destruction of drugs not acquired by CVS. Respondent reviewed, signed, and was given a copy of the Inspection Report.

15. At hearing, respondent testified that CVS did not acquire any pharmaceuticals in prescription bottles. Respondent explained that after the inspection, the pharmaceuticals that were not acquired by CVS were shipped to EXP Pharmaceuticals for disposal. Respondent does not know how many pills he sent to EXP Pharmaceuticals, because he did not look closely at the paperwork. Respondent admitted that he did not send Inspector Young a copy of the drug inventory sent to EXP Pharmaceuticals. Respondent did not keep any records of the returns to stock or take-back drugs he claimed he sent to EXP Pharmaceuticals.

#### DISCREPANCIES IN THE DRUG INVENTORY

16. During the inspection, the inspectors asked respondent to provide a copy of Country Club's last controlled drug inventory. However, the inventory was not available for

---

<sup>2</sup> Cymbalta and morphine sulfate are classified as dangerous drugs pursuant to Business and Professions Code, section 4022. Morphine sulfate is also classified as a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subsection (b)(1)(m).



inspection. At hearing, respondent testified that he was not able to locate the drug inventory, which was performed by California Inventory Specialist. Respondent testified that California Inventory Specialist performed an audit of the drug inventory after the March 15, 2010, burglary and in July 2011. Respondent explained that he provided the inspectors a billing receipt for the cost of the inventory, but the inspectors did not want the receipt. Inspector Young denied that respondent provided a receipt for the inventory.

17. As detailed in the Inspection Report, respondent was directed to send Inspector Young: (1) a copy of the physical inventory, including controlled substances; (2) an "end of day" report for December 1, 2011; and (3) Drug Usage Reports for the audit period, listing the date, prescription number, patient name, drug and quantity of audit drugs sold by Country Club. Respondent was instructed to send the requested documents to Inspector Young by the end of the day on December 2, 2012.

18. In the evening of December 1, 2011, respondent faxed to Inspector Young the "end of day" dispensing summary report for December 1, 2011. The end of day report consists of six pages, which summarizes all prescriptions dispensed by Country Club for that day. At hearing, respondent admitted that the end of day report would have shown credits to the inventory from returns to stock, had the returns been entered into the computer system. However, there were no returns to stock credits listed on the end of day report. Respondent testified that returns to stock had previously been entered in the computer system, so on the evening of December 1, 2011, he prepared a handwritten document listing the returns to stock with the drug name and pill count. Respondent stated that only a few of the returns to stock were the audit drugs. Respondent's testimony was inconsistent with his statement to the inspectors that as of December 1, 2011, the returns to stock had not been entered in the computer system. Respondent also testified that he then faxed the handwritten document to Inspector Young. However, Inspector Young did not receive any records from respondent listing the returns to stock.

19. On December 2, 2011, respondent faxed to Inspector Young, seven pages of Drug Usage Reports. The Drug Usage Reports included the quantity of each of the audit drugs sold by County Club during the audit period and the names of the manufacturers of the audit drugs.

20. Respondent testified that on December 1, 2011, he faxed approximately 60 to 100 pages of documents to Inspector Young, including Drug Usage Reports and on December 2, 2011, he faxed another 15 pages of documents. Respondent explained that the Drug Usage Reports he faxed listed additional manufacturers of the audit drugs sold by Country Club during the audit period. Respondent contends the additional 60 to 100 pages of documents would demonstrate that Country Club sold more quantities of the audit drugs than the drug quantities listed on the seven pages of Drug Usage Reports Inspector Young relied upon in his investigation. Respondent did not keep a copy of the documents he faxed to Inspector Young. Respondent testified that he is not sure if CVS took the documents he faxed to Inspector Young. Respondent explained that he shredded any documents left at Country Club at the end of the day on December 2, 2011.



21. Respondent's testimony that he faxed additional documents to Inspector Young is not credible. At hearing, Inspector Young denied that he received any documents from respondent other than those he included as attachments to his Investigation Report. Inspector Young explained that his Board office is located in his home and he has a Board issued fax machine. Inspector Young explained that if there were any documents faxed by respondent that did not print, an error message would have printed from the fax machine, which would have listed the reason for any type of transmission failure. Inspector Young did not receive any error message with the faxes sent by respondent.

22. On December 2, 2011, Ly Smith, a pharmacy supervisor for CVS, performed a controlled substance inventory of the drugs acquired from Country Club. Respondent was present during the inventory. Nancy Morita, a licensed pharmacist employed by CVS testified at the hearing in this matter. Ms. Morita authenticated a copy of the "Controlled Substances Inventory" form and supporting documents which lists the names and amounts of controlled substances counted at Country Club by CVS on December 2, 2011.<sup>3</sup> Respondent does not dispute the controlled substances inventory amounts.

23. Respondent was required to send Inspector Young a copy of the controlled substances inventory by the end of the day on December 2, 2011. Respondent failed to do so. On December 9, 2011, at Inspector Young's request, Ms. Smith emailed him a copy of the controlled substances inventory. Thereafter, by email, Inspector Young confirmed with Ms. Smith the amount of audit drugs listed on the controlled substances inventory.

24. The inspectors determined that Valley Wholesale Drug Company and Anda, Inc. supplied Country Club with the audit drugs during the audit period. On December 5, 2011, Valley Wholesale Drug Company sent Inspector Hokana, at his request, a summary sales report listing the quantity of audit drugs sold to Country Club during the audit period.

25. On December 27, 2011, Anda Inc. sent Inspector Young, at his request, a summary sales report listing the quantity of audit drugs sold to Country Club during the audit period.

26. Inspector Young used the summary of sales reports from Valley Wholesale Drug Company and Anda Inc. to determine the total acquisition of audit drugs purchased by Country Club during the audit period. Inspector Young subtracted from the acquisition totals the dispositions of audit drugs by Country Club during the audit period. The disposition refers to the amount of audit drugs sold by Country Club. Inspector Young obtained the total disposition amount by adding the audit drug disposition numbers from the seven pages of Drug Usage Reports provided by respondent, to the total amount of audit drugs sold to CVS which were documented on the controlled substances inventory performed by CVS on December 2, 2011. By subtracting the disposition totals from the acquisition totals, Inspector

---

<sup>3</sup> The form lists the inventory date as December 2, 2012. Ms. Morita testified that the date should be listed as December 2, 2011.

Young determined that for the audit period respondent could not account for the following variance, or inventory shortage of audit drugs:

Generic Name and Dosages	Variance <sup>4</sup>
oxycodone with acetaminophen (5mg/325mg)	1,366
oxycodone with acetaminophen (10mg/325mg)	17,780
hydrocodone with acetaminophen (5mg/500mg)	21,885
hydrocodone with acetaminophen (10mg/325mg)	81,538
hydrocodone with acetaminophen (10mg/500mg)	19,974
alprazolam (1 mg)	1,997
diazepam (10 mg)	1,680
<b>Total shortage of audit drugs</b>	<b>146,220</b>

#### FAILURE TO PROVIDE DOCUMENTS TO THE BOARD

27. On January 4, 2012, Debbie Anderson, a Licensing Manager for the Board, sent respondent a letter to his home address, which acknowledged receipt of respondent's November 18, 2011, letter informing the Board of the impending closure of Country Club. The letter from Ms. Anderson instructed respondent to submit within 15 days, the Discontinuance of Business form, the inventory of controlled substances, and the original wall/renewal license. The letter was sent regular mail and was not returned to the Board as undeliverable. Respondent did not respond to the January 4, 2012, letter, and he did not submit the requested documents to the Board.

28. Respondent testified that he did not receive the January 4, 2012, letter from Ms. Anderson. Respondent acknowledged that the letter was sent to his home address. However, respondent explained that he and his wife were "traveling quite a bit" around the time the letter was sent. Respondent denied that he failed to submit the requested information. Respondent testified that he submitted the required documents to the Board on January 3, 2012. Respondent stated that he sent to the Board by certified mail, a packet of information prepared by CVS to assist with the closure of Country Club, which contained all of the required paperwork, including the Discontinuance of Business form, the inventory paperwork and his wall license. Respondent did not keep a copy of any of the documents he claimed he mailed to the Board. At hearing, respondent submitted a certified mail receipt addressed to the Board.<sup>5</sup> There is no information on the receipt concerning what documents were mailed to the Board. The return receipt was signed on January 4, 2012. However, the signature is unintelligible.

<sup>4</sup> At hearing, Inspector Young explained that the "variance" in the audit drugs in this matter means the amount of missing audit drugs.

<sup>5</sup> On October 16, 2012, along with the Accusation, respondent was served a Request for Discovery, which demanded any documents relevant to the hearing in this matter. Respondent did not produce the certified return receipt until the first day of hearing in this matter. Respondent testified that he had recently located the receipt.

29. On February 2, 2012, Inspector Young mailed to respondent a written notice of non-compliance (notice). In the notice, Inspector Young instructed respondent to provide information concerning the status of the dangerous drugs CVS did not acquire and the status of the returns to stock drugs. The notice also detailed the significant discrepancy between the acquisitions and dispositions of the audit drugs. Respondent was instructed to provide a written explanation for the discrepancy. Finally, the notice referenced the January 4, 2012, letter sent to respondent which instructed him to submit the Discontinuance of Business form, the inventory of controlled substances, and the original wall/renewal license. Inspector Young instructed respondent to submit all of the requested information by February 15, 2012. Respondent failed to respond to the notice and did not submit the requested information. The notice was sent regular mail and was not returned to the Board as undeliverable.

30. Respondent testified that he did not receive the February 2, 2012 notice and he did not learn about the notice until he was served with the Accusation in this matter by certified mail. Respondent was served with the Accusation on October 16, 2012.

*Factors in Justification, Mitigation, and Rehabilitation*

31. Respondent is 48 years old. After respondent obtained his pharmacist license in 1995, he worked for Longs, Rite Aid and several hospitals. In approximately 2003 respondent owned and was the PIC of Park Woods Drugstore in Stockton, California. He sold Park Woods to Safeway in 2007. In 2008 he opened Country Club. Respondent testified that he opened Country Club in Valley Springs, because CVS was the only pharmacy in Valley Springs, which is located in a remote area. Respondent wanted to give the community another pharmacy option. Respondent testified that he provided valuable services to his customers. Respondent did not submit any letters of reference and no witnesses testified on his behalf.

32. Respondent testified that when he decided to sell Country Club, in October 2011, he contacted CVS. As part of the purchase agreement with CVS, respondent agreed not to compete with CVS. Respondent is not employed and has not worked as a pharmacist since Country Club closed. However, respondent would like to work as a pharmacist and eventually own a pharmacy again.

33. Respondent denies that he used, sold, or diverted the missing audit drugs. Respondent was the only pharmacist at Country Club. He employed three or four staff. He does not believe his staff used, sold, or diverted the missing audit drugs.

34. Respondent testified that he does not know what happened to the missing audit drugs. However, he provided several justifications for the shortage. First, respondent claimed that Inspector Young miscounted the audit drugs inventory because he failed to count the disposition of audit drugs listed in the over 60 pages of additional Drug Usage Reports respondent claimed he faxed. Respondent stated that all of the physical files and computer files were taken by CVS. However, he provided inconsistent testimony concerning

the documents he allegedly faxed to Inspector Young. He does not know if CVS took those documents. He testified that he shredded any documents left at Country Club on December 2, 2011. Respondent did not acknowledge that it was improper to shred the documents and took no responsibility for the loss of the documents.

Second, respondent testified that when he trained Country Club staff, they would create "dummy" prescriptions using fictitious names. Respondent explained that the prescriptions were not filled. Respondent claimed that the fictitious entries could account for some of the shortage. Respondent did not inform the inspectors during the December 1, 2011 inspection, about the staff computer training. Inspector Young testified that if respondent had informed him that he was training staff by creating "dummy" prescriptions, he would have recalled the conversation and documented it in the Inspection Report. Inspector Young explained that such information would have been significant because it is illegal to alter a permanent record involving drug inventory.

Third, respondent testified that he sold audit drugs to doctors, which were not entered in the computer. The sales were documented on paper invoices. Respondent did not provide any estimate of how many sales were made to doctors and he did not keep records of the pharmaceuticals he sold. He claims that CVS acquired the invoices. Respondent testified that after he was served with the Accusation in this matter, he contacted CVS three times to inquire about obtaining copies of Country Club documents, but he received no response. Inspector Young testified that during the inspection, respondent did not provide any information or documents evidencing sales to doctors. Inspector Young explained that a pharmacy is permitted to sell drugs to physicians for office use. However, he explained, it would be rare for a physician to purchase any of the audit drugs from a pharmacy, because a physician would typically write a prescription for a patient, rather than supply the patient a controlled substance.

#### *Factors in Aggravation*

35. On November 3, 2010, the Board issued respondent a Modified Citation and fined respondent \$750.00, for the following violations:

- a. From June 15, 2009 through April 20, 2010, respondent failed to report CURES data for Schedule II, III, and IV controlled substances and dispensed an unknown number of those drugs. (Health & Saf. Code § 11165, subd. (d).)
- b. On July 6, 2009, respondent made a drug dispensing error, the customer was not informed of the error and a quality assurance evaluation was not performed. (Bus. & Prof. Code § 4125; Cal. Code Regs., tit. 16, § 1771.)
- c. Respondent failed to have written policies and procedures regarding an impaired licensed employee or theft of dangerous drugs by a licensed employee. (Bus. & Prof. Code § 4104, subd. (b).)

- d. On April 10, 2010, failed to follow the pharmacy technician ratio which allows only one pharmacy technician to perform technician duties when only one pharmacist is on duty. Respondent allowed pharmacy technician Vick Sturdevant to fill prescriptions and pharmacy technician Kelly Peters to compound ointments and creams while respondent was the only pharmacist on duty. (Bus. & Prof. Code § 4115, subd. (f)(1).)
- e. On October 12, 2007, November 14, 2007, December 11, 2007, April 10, 2008, April 29, 2008, and March 12, 2010, respondent furnished controlled substances without a prescription. (Health & Saf. Code § 11158, subd. (a).)
- f. On April 15, 2010, respondent knowingly signed a false DEA 106 Theft or Loss Report, estimating the amount of controlled substances stolen from Country Club on March 15, 2010. (Bus. & Prof. Code § 4301, subd. (g).)

### *Discussion*

36. Pursuant to California Code of Regulations, title 16, section 1760, the Board has adopted Disciplinary Guidelines (Guidelines). The Guidelines provide that when determining the penalty to be imposed in a given case, the following applicable factors should be considered:

- 1. actual or potential harm to the public
- 2. actual or potential harm to any consumer
- 3. prior disciplinary record, including level of compliance with disciplinary order(s)
- 4. prior warning(s), including but not limited to citation(s) and fine(s), letter(s) of admonishment, and/or correction notice(s)
- 5. number and/or variety of current violations
- 6. nature and severity of the act(s), offense(s) or crime(s) under consideration
- 7. aggravating evidence
- 8. mitigating evidence
- 9. rehabilitation evidence
- 10. time passed since the act(s) or offense(s)

11. whether the conduct was intentional or negligent, demonstrated incompetence, or, if the respondent is being held to account for conduct committed by another, the respondent had knowledge of or knowingly participated in such conduct
12. financial benefit to the respondent from the misconduct

No single one or combination of the above factors is required to justify the minimum and/or maximum penalty in a given case, as opposed to an intermediate one.

37. Applying the Guideline factors, the potential harm to the public created by respondent's failure to account for over 146,000 controlled substances is substantial. As the PIC and owner of Country Club, respondent was required to exercise care and good judgment in the accounting of his drug inventory and adherence to Pharmacy laws and regulations. Respondent failed to do so. Respondent failed to provide the Board with the documents demanded during the investigation, despite repeated requests. Respondent shredded documents and failed to keep copies of numerous vital documents that were relevant to the investigation. Respondent also improperly engaged in the take-back of drugs for which he had no records of acquisition. Furthermore, respondent was previously cited by the Board for failing to comply with Pharmacy laws and regulations. Respondent submitted no evidence of rehabilitation and took no responsibility for his failure to comply with the Pharmacy laws and regulations at issue in this matter. Rather, respondent had numerous excuses and baseless justifications for his conduct and his lack of accounting. It is unclear whether respondent's conduct was intentional or negligent. Regardless, his conduct created an inexcusable harm to the public.

The purpose of an administrative proceeding seeking the revocation or suspension of a professional license is not to punish the individual; the purpose is to protect the public from dishonest, immoral, disreputable or incompetent practitioners. (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) When all the evidence presented in this case is weighed and balanced, protection of the public can only be achieved through revocation of respondent's license.

#### *Costs of Investigation and Enforcement*

38. Pursuant to Business and Professions Code section 125.3, a licensee found to have violated the licensing act may be ordered to pay the reasonable costs of investigation and prosecution of a case. As of September 6, 2013, the Board incurred \$6,205 in attorney charges in connection with the prosecution of this case. The Deputy Attorney General assigned to the matter submitted a certification of prosecution costs at hearing. Additionally, as of August 30, 2013, the Board incurred \$4,488 in investigation costs. At hearing, the Board submitted declarations and statements of prosecution and investigation costs. As set

forth in Legal Conclusion 13, the costs of prosecution, investigation, and enforcement totaling \$10,693, are reasonable.

## LEGAL CONCLUSIONS

1. A profession is a vocation or occupation requiring special and advanced education and skill predominately of an intellectual nature. The practice of pharmacy, like the practice of medicine, is a profession. (*Vermont & 110th Medical Arts Pharmacy v. Board of Pharmacy* (1981) 125 Cal.App.3d 19.)

2. The standard of proof in an administrative disciplinary action seeking the suspension or revocation of a professional license is "clear and convincing evidence." (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) "Clear and convincing evidence" requires a high probability of the existence of the disputed fact, greater than proof by a preponderance of the evidence. Evidence of a charge is clear and convincing as long as there is a high probability that the charge is true. (*People v. Mabini* (2001) 92 Cal.App.4th 654, 662.)

3. Business and Professions Code section 4300, provides that the Board may suspend or revoke any certificate, license, permit, registration, or exemption, and may suspend the right to practice or place the licensee on probation.

### *Failure to Maintain Complete Accountability of Dangerous Drugs*

4. Business and Professions Code section 4301, subdivisions (j) and (o) provides that the Board shall take action against any holder of a license who is guilty of unprofessional conduct, including:

(j) The violation of any of the statutes of this state, or 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.

5. Business and Professions Code section 4081, subdivision (a), provides:

(a) All records of manufacture and of sale, acquisition, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours

open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

6. California Code of Regulations, title 16, section 1718, provides that:

“Current Inventory” as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

The controlled substances inventories required by Title 21, CFR, Section 1304 shall be available for inspection upon request for at least 3 years after the date of the inventory.

7. Business and Professions Code section 4105, subdivision (a), provides:

(a) All records or other documentation of the acquisition and disposition of dangerous drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form.

8. It was established by clear and convincing evidence that respondent is subject to discipline under Business and Professions Code sections 4300 and 4301, subdivisions (j) and (o), in conjunction with California Code of Regulations, title 16, section 1718, in that respondent failed to comply with Business and Professions Code section 4081, subdivision (a) and section 4105, subdivision (a), independently and collectively due to his failure to account for 146,200 controlled substances and his possession of “take-back” prescription drugs, with no record of acquisition of the take-back drugs, as set forth in Factual Findings 7, 8, and 12 through 29.

#### *Subversion of Board Investigation*

9. Business and Professions Code section 4301, subdivision (q) provides that the Board shall take action against any holder of a license who is guilty of unprofessional conduct, including:

(q) Engaging in any conduct that subverts or attempts to subvert an investigation of the board.



10. It was established by clear and convincing evidence that respondent is subject to discipline under Business and Professions Code sections 4300 and 4301, subdivision (q), in that respondent failed to comply with the Board's instructions to submit to the Board copies of records of disposition of dangerous drugs, as set forth in Factual Findings 12, 14, 15, 18, and 29.

#### *Failure to Follow Board Instructions*

11. California Code of Regulations, title 16, section 1708.2 provides that:

Any permit holder shall contact the board prior to transferring or selling any dangerous drugs, devices or hypodermics inventory as a result of termination of business or bankruptcy proceedings and shall follow official instructions given by the board applicable to the transaction.

12. It was established by clear and convincing evidence that respondent is subject to discipline under Business and Professions Code sections 4300 and 4301, subdivision (o), in conjunction with California Code of Regulations, title 16, section 1708.2, in that respondent failed to comply with the Boards' instruction to submit to the Board the Discontinuance of Business form, a copy of the closing controlled substances inventory report, and the original wall/renewal license, as set forth in Factual Findings 11, 27 through 29.

#### *Costs of Investigation and Enforcement*

13. The Board may request the administrative law judge to direct a licensee found to have committed a violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case. (Bus. & Prof. Code, § 125.3.)

In *Zuckerman v. State Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, the California Supreme Court set forth guidelines for determining whether the costs should be assessed in the particular circumstances of each case. Respondent did not establish a basis to reduce or eliminate the costs in this matter. In the absence of evidence to the contrary, costs, in the amount of \$10,693, as set forth in Factual Finding 38, are reasonable.

#### *Conclusion*

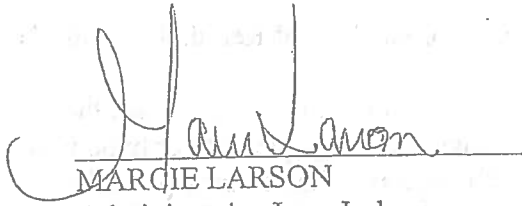
14. When considering the Factual Findings and Legal Conclusions as a whole, it would be contrary to the public interest to allow respondent to retain his pharmacist license.

#### ORDER

1. Pharmacist License number RPH 48263, issued to Michael Todd Peters is REVOKED.

2. Michael Todd Peters is ordered to pay the Board of Pharmacy \$10,693, within 30 days of the effective date of this Decision, or in accordance with a payment schedule as agreed to between respondent and the Board.

Dated: October 8, 2013

  
MARCIE LARSON  
Administrative Law Judge  
Office of Administrative Hearings

1 KAMALA D. HARRIS  
Attorney General of California  
2 ARTHUR D. TAGGART  
Supervising Deputy Attorney General  
3 LESLIE A. BURGERMYER  
Deputy Attorney General  
4 State Bar No. 117576  
1300 I Street, Suite 125  
5 P.O. Box 944255  
Sacramento, CA 94244-2550  
6 Telephone: (916) 324-5337  
Facsimile: (916) 327-8643  
7 Attorneys for Complainant

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

11 In the Matter of the Accusation Against:

Case No. 4334

12 **MICHAEL TODD PETERS**  
7302 Larkspur Lane  
13 Stockton, CA 95207

**ACCUSATION**

14 Pharmacist License No. RPH 48263

15 Respondent.

16  
17 Complainant alleges:

18 **PARTIES**

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

21 2. On or about August 21, 1995, the Board of Pharmacy ("Board") issued Pharmacist  
22 License Number RPH 48263 to Michael Todd Peters ("Respondent"). The Pharmacist License  
23 was in full force and effect at all times relevant to the charges brought herein and will expire on  
24 June 30, 2013, unless renewed. Respondent was the Pharmacist-In-Charge of Country Club Drug  
25 Store, located in Valley Springs, California, Pharmacy License Number PHY 49019, at all times  
26 relevant to the charges brought herein.

27 ///

28 ///

## JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code ("Code") unless otherwise indicated.

4. Section 4300 of the Code authorizes the Board to suspend or revoke any license issued by the Board or to take any other action in relation to disciplining the licensee as the Board in its discretion may deem proper.

5. Section 118, subdivision (b), of the Code provides that the suspension, expiration, or cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

## STATUTORY PROVISIONS

6. Section 4301 of the Code states, in pertinent 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, or 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.

(q) Engaging in any conduct that subverts or attempts to subvert an investigation of the board.

7. Section 4081 of the Code states, in pertinent part:

(a) All records of manufacture and of sale, acquisition, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, pharmacy, veterinary food-animal drug retailer, physician, dentist, podiatrist, veterinarian, laboratory, clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section

16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous rugs or dangerous devices.

8. Section 4105 of the Code states, in pertinent part:

(a) All records or other documentation of the acquisition and disposition of dangerous drugs and dangerous devices by any entity licensed by the board shall be retained on the licensed premises in a readily retrievable form.

9. Section 4113 of the Code states, in pertinent 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.

10. Section 4332 of the Code states:

Any person who fails, neglects, or refuses to maintain the records required by Section 4081 or who, when called upon by an authorized officer or a member of the board, fails, neglects, or refuses to produce or provide the records within reasonable time, or who willfully produces or furnishes records that are false, is guilty of a misdemeanor.

11. Section 4022 of the Code states, in pertinent part:

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

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

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

#### REGULATORY PROVISION

12. California Code of Regulations, title 16, section 1708.2 provides:

Any permit holder shall contact the board prior to transferring or selling any dangerous drugs, devices or hypodermics inventory as a result of termination of business or bankruptcy proceedings and shall follow official instructions given by the board applicable to the transaction.

13. California Code of Regulations, title 16, section 1718, states:

'Current Inventory' as used in Sections 4081 and 4332 of the Business and Professions Code shall be considered to include complete accountability for all dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

The controlled substances inventories required by Title 21, CFR, Section 1304 shall be available for inspection upon request for at least 3 years after the date of inventory.

14. **DRUGS**

BRAND NAME	GENERIC NAME	DANGEROUS DRUG PER CODE SEC. 4022	CONTROLLED SUBSTANCE PER HEALTH & SAFETY CODE SEC.	INDICATIONS FOR USE
Xanax Nirvam	alprazolam	Yes	HSC 11057(d) – Schedule IV	Anxiety
Valium	diazepam	Yes	HSC 11057(d) – Schedule IV	Anxiety
Lortab Norco Vicodin	hydrocodone with acetaminophen	Yes	HSC 11056(e)(4) – Schedule III	Pain
Percocet Endocet Roxicet	oxycodone with acetaminophen	Yes	HSC 11055(b) – Schedule II	Pain

**COST RECOVERY**

15. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

**FIRST CAUSE FOR DISCIPLINE**

**(Failure to Maintain Complete Accountability of Dangerous Drugs)**

16. Respondent is subject to disciplinary action under Code sections 4300 and 4301, subdivision (j) and (o), on the grounds of unprofessional conduct, and in conjunction with California Code of Regulations, title 16, section 1718, in that Respondent failed to comply with Code sections 4081, subdivision (a), and 4105, subdivision (a). The circumstances are as follows:

a. A Board audit for the period of March 15, 2010, to December 1, 2011, at Country Club Drug Store, while Respondent was the pharmacist-in-charge, determined an inventory shortage (acquisitions greater than dispositions) of dangerous drugs as follows: (i) 1,997 alprazolam 1mg tablets; (ii) 1,680 diazepam 10mg tablets; (iii) 17,780 oxycodone with acetaminophen 10/325mg tablets; (iv) 1,366 oxycodone with acetaminophen 5/325mg tablets;

1 (v) 81,538 hydrocodone with acetaminophen 10/325 tablets; (vi) 19,974 hydrocodone with  
2 acetaminophen 10/500mg tablets; and, (vii) 21,885 hydrocodone with acetaminophen 5/500mg  
3 tablets; for a total of 146,220 tablets unaccounted for.

4 b. During a December 1, 2011, Board inspection of Country Club Drug Store, while  
5 Respondent was the pharmacist-in-charge, Respondent had in his possession a box of "take back"  
6 prescription drugs which patients of the pharmacy provided to the store to discard on their behalf.  
7 Respondent had no records of acquisition to account for the "take back" inventory and had no  
8 records to account for the destruction of those drugs.

#### 9 SECOND CAUSE FOR DISCIPLINE

##### 10 (Subverted or Attempted to Subvert Board Investigation)

11 17. Respondent is subject to disciplinary action under Code sections 4300 and 4301,  
12 subdivision (c), on the grounds of unprofessional conduct, in that Respondent engaged in conduct  
13 that subverted or attempted to subvert a Board investigation. The circumstances are as follows:

14 a. Respondent failed to comply with the Board's official instructions to provide  
15 copies of records of disposition for the dangerous drugs in prescription bottles for return to stock  
16 (which had not been acquired by the successor company purchasing Country Club Drug Store).  
17 The records were relevant to the Board's audit and inspection of December 2, 2011.

#### 18 THIRD CAUSE FOR DISCIPLINE

##### 19 (Failure to Follow Board's Instructions – Dangerous Drugs)

20 18. Respondent is subject to disciplinary action under Code sections 4300 and 4301,  
21 subdivision (c), on the grounds of unprofessional conduct, in conjunction with California Code of  
22 Regulations, title 16, section 1708.2. The circumstances are as follows:

23 a. Respondent failed to comply with the Board's official instructions to submit to the  
24 Board, the Discontinuance of Business form, a copy of the closing controlled substances  
25 inventory report, and the original wall/renewal license.

#### 26 DISCIPLINARY CONSIDERATIONS

27 19. To determine the degree of discipline, if any, to be imposed on Respondent,  
28 Complainant alleges:

1 a. On or about September 1, 2010, the Board issued Citation Number CI-2010-  
2 45568 to Respondent for the following violations: Health and Safety Code ("HSC") section  
3 11165, subdivision (d) (\$750.00 fine); Business and Professions Code ("Code") section 4125 and  
4 California Code of Regulations ("CCR") title 16, section 1771 (\$250.00 fine); CCR section  
5 1793.7, subdivision (e) (\$250.00 fine); Code section 4104, subdivision (b) (\$250.00 fine); Code  
6 section 4115, subdivision (f)(1) (\$500.00 fine); Code section 4076, subdivision (a)(5) (cited  
7 without a fine); Code section 4059, subdivision (a) (\$250.00 fine); Code sections 4081,  
8 subdivision (a), and 4105 (\$1,000.00 fine); and, Code section 4060 and HSC section 11158,  
9 subdivision (a) (\$1,000.00 fine); and, Code section 4301, subdivision (g) ("500.00 fine).  
10 Respondent appealed the Citation.

11 On or about November 3, 2010, the Board issued Modified Citation and Fine Citation  
12 Number CI-2010-45568 as follows: HSC section 11165, subdivision (d) (cited without a fine);  
13 Code section 4125 and CCR section 1711 (cited without a fine); Code section 4104, subdivision  
14 (b), (\$250.00 fine); Code section 4115, subdivision (f)(1) (\$250.00 fine); Code section 4060 and  
15 Health and Safety Code section 11158, subdivision (a) (\$250.00 fine); and Code section 4301,  
16 subdivision (g) (citation without a fine). The Board notified Respondent that the total amount of  
17 the modified fines was \$750.00 and payment was due by December 1, 2010. Respondent timely  
18 paid the fines.

19 PRAYER

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

22 1. Revoking or suspending Pharmacist License Number RPH 48263 issued to Michael  
23 Todd Peters;

24 2. Ordering Michael Todd Peters to pay the Board of Pharmacy the reasonable costs of  
25 the investigation and enforcement of this case, pursuant to Business and Professions Code section  
26 125.3; and

27 ///

28 ///



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

3. Taking such other and further action as deemed necessary and proper.

DATED:

9/25/12



VIRGINIA HEROLD  
Executive Officer  
Board of Pharmacy  
Department of Consumer Affairs  
State of California  
Complainant

SA2012106631 / 10954804.docx

Blank

**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: Alexso Inc.

Physical Address: 2317 Cotner Avenue 2nd Fl.

Mailing Address: (same)

City: Los Angeles State: CA Zip Code: 90064

Telephone: 480-253-9761 Fax: 888-502-1669

Toll Free Number: 888-495-6078

E-mail: troy@alexso.com Website: www.alexso.com

Facility Manager: Hootan Melamed

Professional qualifications and experience of facility manager: More than 10 years' experience in  
pharmacies. Attained his Doctorate of Pharmacy in 2003. Supervised patient record keeping, tracked inventory,  
managed community pharmacies and supervised other pharmacists in compounding and dispensing.

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: \_\_\_\_\_

## APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?  
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?  
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1)	Medisca, Inc., 661 Route 3, Unit C, Plattsburgh, NY 12901
	Name Address
	Contract Manufacturer
	Business
2)	
	Name Address
	Business
3)	
	Name Address
	Business
4)	
	Name Address
	Business

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☒ No ☐
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

# APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Troy Farahmand  
Print Name of Authorized Person

3-16-15  
Date

Board Use Only

Received: 4/13/15

Amount: \$590.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**

State of Incorporation: California

Parent Company if any: None

Corporation Name: Alexso Inc.

Mailing Address: 2317 Cotner Avenue

City: Los Angeles State: CA Zip: 90064

Telephone: 480-253-9761 Fax: 888-502-1669

Contact Person: Troy Farahmand

For any corporation non publicly traded, disclose the following:

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

a) Hootan Melamed 11756 Wetherby Lane, Los Angeles, CA 90077  
Name Address

b) Troy Farahmand 11807 Folkstone Lane, Los Angeles, CA 90077  
Name Address

c) \_\_\_\_\_  
Name Address

d) \_\_\_\_\_  
Name Address

2) Provide the number of shares issued by the corporation. 1000

3) What was the price paid per share? \$1.00

4) What date did the corporation actually receive the cash assets? 5/1/10

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

**Attachment to Alexso Inc.'s Application for Out-of-State Wholesaler License  
(Nevada State Board of Pharmacy)**

**Alexso Inc. Corporate Officers:**

<b>Name</b>	<b>Title</b>	<b>% Ownership</b>
Hootan Melamed	President	75%
Troy Farahmand	Vice President	25%

**Alexso, Inc. Employees Handling Drugs on Daily Basis**

Ernesto Flores, Accounts Liaison, Inventory Management

Shoshana Robello, Accounts Liaison, Inventory Management

**Interest Ownership/Management in any Type of Business or Facility Licensed by  
the State of Nevada**

Hootan Melamed is the CEO of Concierge Compounding Pharmaceuticals in  
Henderson, NV.

**Statement of Explanation - Questions 2 – 3**


**2. Denial of Pharmacy Permit - Concierge Compounding Pharmaceuticals, Inc.**

South Carolina Board of Pharmacy, 8/15/13: application denied (see attached Order)

**3. Administrative Actions - Concierge Compounding Pharmaceuticals, Inc.**

Oregon Board of Pharmacy, Case No. 2013-0196: civil penalty (see attached Consent  
Order)

Texas Board of Pharmacy, Order #L-13-019: one-year suspension and probation fee  
(see attached Agreed Board Order)

  
Hootan Melamed



**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.

February 18, 2015

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

**California State Board of Pharmacy License Verification**

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

**Licensee Name:** ALEXSO INC

**License Type:** WHOLESALER

**License Number:** WLS 6466

**Status:** ACTIVE

**Issue Date:** 01/12/15

**Expiration Date:** 01/01/16

**Address of Record:** 2317 COTNER AVE LOS ANGELES CA 90064

**Disciplinary Action:** NO RECORD OF DISCIPLINARY ACTION

Virginia Herold  
Executive Officer

By

  
Barbera Schleicher  
Public Inquiry Analyst  
(916) 574-7922

Barbera.Schleicher@dca.ca.gov



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

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

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

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

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

**GENERAL INFORMATION**

Facility Name: TERRAIN PHARMACEUTICALS  
Physical Address: 200 S. VIRGINIA ST. 8TH FLOOR  
Mailing Address: 200 S. VIRGINIA ST. 8TH FLOOR  
City: RENO State: NV Zip Code: 89501  
Telephone: 775-856-9904 Fax: 877-985-8377  
Toll Free Number: 1-877-985-8377  
E-mail: NICK@TERRAINRX.COM Website: WWW.TERRAINRX.COM  
Facility Manager: NICHOLAS NADING

Professional qualifications and experience of facility manager: 8 yrs of operational management in pharmaceutical industry. Last 4 yrs as DR for MD LOGISTICS IN RENO, NV.

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: \_\_\_\_\_

# APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?  
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?  
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

- 1) PDG 13902 DALE MABRY Hwy #230 TAMPA, FL 33611  
Name Address  
Pharmaceutical DEVELOPMENT GROUP  
Business
- 2) MD LOGISTICS INC. 1301 PERRY RD. PLAINFIELD, IN 46168  
Name Address  
Pharmaceutical Distribution  
Business
- 3) WESTWOOD LABORATORY 710 AYON ST. AZUSA, CA 91702  
Name Address  
Pharmaceutical MANUFACTURING  
Business
- 4) JSN PACKAGING 9700 JERONIMO RD. IRVINE, CA 92618  
Name Address  
COSMETIC/TUBE PACKAGING  
Business

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

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?

Yes ☐ No ☒

# APPLICATION FOR NEVADA WHOLESALER LICENSE

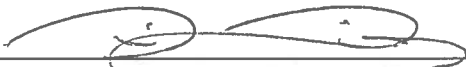
This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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



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

NICHOLAS NADING

Print Name of Authorized Person

5/6/15

Date

Board Use Only

Received:

5-11-15

Amount:

\$500.00

## APPLICATION FOR NEVADA WHOLESALER LICENSE

### OWNERSHIP IS A PARTNERSHIP.

List names of 4 largest partners and percentage of ownership:

Name: JAMES MAHER %: 33.3333

Name: JEFF AZEVEDO %: 33.3333

Name: KATI GAINOUS %: 33.3333

Name: N/A %: N/A

Partnership Name: TERRAEN PHARMACEUTICALS LLC.

Mailing Address: 200 S. VIRGINIA ST. 8TH FLOOR

City: RENO State: NV Zip: 89501

Telephone: 1-877-985-8377 Fax: 877-985-8377

Contact Person: NICHOLAS NADING

### Include with the application for a partnership

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

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

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an examination on law **prior** to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee.

\*If VAWD certified by NABP, fingerprints, list of employees and bond are not required. Provide a copy of your VAWD certification.

\*If you are a manufacturer and FDA approved, fingerprints, list of employees and bond are not required. Include a copy of the FDA registration.

Complete two (2) sets of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the FBI for its report. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for wholesalers only*. Each officer and director of the corporation must submit fingerprints. Please send an email request to [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) for fingerprint cards. If needed. We accept standard fingerprint cards.

# 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: GraEagle Construction

Physical Address: 5016 Cecile Ave  
(This must be a business address, we can not issue a license to a home address)

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

City: Las Vegas State: NV Zip Code: 89115

Telephone: 702-248-0170 Fax: 702-248-7093

E-mail: VICKIE@gelssoars.com Website: gelssoars.com

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

Mon: 7:30am to 4:30pm Tue: 7:30am to 4:30pm Wed: 7:30am to 4:30pm Thu: 7:30am to 4:30pm

Fri: 7:30am to 4:30pm Sat: to Sun: to Holidays: to

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

Name: Jerry Pasquale

### 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>grabbers</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: Jerry Pasquale Telephone: 702-248-0170

## 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:

1982760971 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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: _____ |
| <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.

## 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

  
GERARDO E PASQUALE  
Print Name of Authorized Person

16 April 2015  
Date

Board Use Only

Received: 5-4-15

Amount: \$500.00

## APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: Gerardo Pasquale  
Business Name: GraEagle Construction  
Current Business Address: 5016 Cecile Ave  
City: Las Vegas State: NV Zip: 89115  
Telephone: 702-248-0170 Fax: 702-248-7093

### SOLE OWNER

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

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



# 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 02947**)  
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: CGS Pharmacy, LLC

Physical Address: 1701 Rockville Pike, #A12, Rockville, MD 20852

Mailing Address: SAME AS ABOVE

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

Telephone: (240) 430-2501 Fax: (240) 430-2504

Toll Free Number: (888) -773-2449 (Required per NAC 639.708)

E-mail: cgsmain@cgsrx.com Website: http://www.cgsrx.com

Managing Pharmacist: Carl J. Isenberg License Number: 19848 (MD)

### TYPE OF PHARMACY

**AND**

### SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds \_\_\_\_\_)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other: \_\_\_\_\_

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral \*\*

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☒ ☐ Sterile Compounding \*\*

☒ ☐ Non Sterile Compounding

☒ ☐ Mail Service Sterile Compounding \*\*

☐ ☒ Other Services: \_\_\_\_\_

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

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

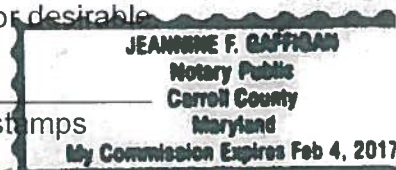
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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

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

Sawsan Salman Al Janabe  
Print Name of Authorized Person

3/31/15  
Date



Page 2

Board Use Only

Date Processed: 4/9/15

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION (LLC)**

State of Incorporation: Maryland

Parent Company if any: N/A

Mailing Address: 1701 Rockville Pike, #A12

City: Rockville State: Maryland Zip: 20852

Telephone: (240) 430-2501 Fax: (240) 430-2504

Contact Person: Sean Dunning, Consulting Manager

For any corporation non publicly traded, disclose the following:

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

a) Sawsan Salman Al Janabe 1519 York Rd, Lutherville, MD 21093  
Name Address

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 N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

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

**Hours of Operation for the pharmacy:**

Monday thru Friday 7 am 2:30 pm Saturday 9 am 12 pm  
Sunday CL am CL pm 24 Hours Toll Free #

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, Sawsan Salman Al Janabe

Responsible Person of CGS Pharmacy, LLC

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

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

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



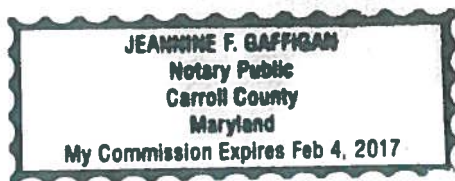
Original Signature of Person Authorized to Submit Application, no copies or stamps

Sawsan Salman Al Janabe

Print Name of Authorized Person

3/31/15

Date



 3/31/15

Send to State Board of Pharmacy for Completion: A separate letter is acceptable.  
Do not return with application unless it has been completed by the licensing agency.

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

**LICENSE VERIFICATION**

Name: CGS Pharmacy, LLC

Address: 1701 Rockville Pike, #A12

City: Rockville State: MD Zip: 20852

I hereby authorize the Maryland Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant [Signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE  
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
<u>PW10458</u>	<u>Active</u>	<u>6/5/2014</u>	<u>5/31/2016</u>

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Encumbrance: (if any) <input type="checkbox"/> Revoked <input type="checkbox"/> Surrendered <input type="checkbox"/> Limited <input type="checkbox"/> Suspended <input type="checkbox"/> Restricted <input type="checkbox"/> Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain) ☐ Yes ☒ No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain) ☐ Yes ☒ No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) ☐ Yes ☒ No

Has applicant met all licensing requirements of your state? (If no, please explain) ☒ Yes ☐ No

Signature of State Official	Title	State	Date	State
<u>[Signature]</u>	<u>Licensing Secretary</u>	<u>MD</u>	<u>3/25/15</u>	



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: JJ Trinity Compounding Pharmacy

Physical Address: 23838 Valencia Blvd Ste 105

Mailing Address: 23838 Valencia Blvd Ste 105, Valencia, CA 91355

City: Valencia State: CA Zip Code: 91355

Telephone: 661 287 9610 Fax: 661 287 9615

Toll Free Number: 844 287 9610 (Required per NAC 639.708)

E-mail: pharmacy@jjtrinitypharmacy.com Website: www.jjtrinitypharmacy.com

Managing Pharmacist: Dina Atalla - PharmD License Number: 54854

#### TYPE OF PHARMACY

AND

#### SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

## APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

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

Dina Atalla - Mikhail

Print Name of Authorized Person

3/23/15

Date

Page 2

Board Use Only

Date Processed: 4/2/15

Amount: \$500.00



APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

**OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**

State of Incorporation: California

Parent Company if any: \_\_\_\_\_

Mailing Address: 27660 N Grassy Knoll Ln

City: Valencia State: CA Zip: 91354

Telephone: 626 434 6945 Fax: 661 287 9610

Contact Person: Dina Atalla-Mikhail

For any corporation non publicly traded, disclose the following:

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

a) Dina Atalla-Mikhail 27660 N Grassy Knoll Ln, Valencia, CA  
Name Address 91354

b) \_\_\_\_\_  
Name Address

c) \_\_\_\_\_  
Name Address

d) \_\_\_\_\_  
Name Address

2) Provide the number of shares issued by the corporation. 100

3) What was the price paid per share? \$1.00 / share

4) What date did the corporation actually receive the cash assets? 12/30/10

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

List any physician shareholders and percentage of ownership.

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

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

**Hours of Operation for the pharmacy:**

Monday thru Friday 9 am 5 pm Saturday \_\_\_\_\_ am \_\_\_\_\_ pm

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

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

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Dina Atalla-Mikhail

Responsible Person of J.J. Trinity Compounding 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

Dina Atalla-Mikhail

Print Name of Authorized Person

3/24/15

Date

STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Dina Atalla-Mikhail

Responsible Person of JJ Trinity Compounding 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.

[Signature]

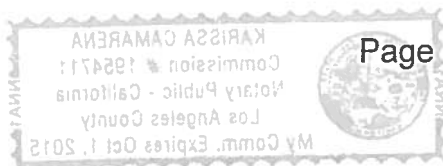
Original Signature of Person Authorized to Submit Application, no copies or stamps

Dina Atalla-Mikhail

Print Name of Authorized Person

3/20/15

Date



Blank

Dr. Kam Gandhi, Pharm D  
2025 Winter Wind St.  
Las Vegas, NV 89134

---

Dear Larry Pinson,

First, I want you to know that I have very much appreciated and enjoyed the opportunity of serving the citizens of Nevada as a member/President of the Board of Pharmacy.

I regret to inform you that after serving nearly 7 years with Nevada Board of Pharmacy, I would like to tender my resignation letter as the President/Member of the Board of Pharmacy effective April 30<sup>th</sup>, 2015.

It has been a privilege to work for a GREAT organization and it will be truly missed. However, the opportunity presented to me was one I could not pass up.

If there is anything I can do to help make this transition easier please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kam Gandhi', with a long horizontal flourish extending to the right.

Kam Gandhi

TEMPORARY LICENSES  
(Issued since last board meeting)

Banner Churchill Community Hospital

Amy Cozza  
Rene Lomeli  
Michelle Williams

Northeastern Nevada Regional Hospital Pharmacy

M. Jane Huff

Mesa View Regional Hospital

Robert Mabry  
Patricia O'Neal  
Jana Vander Leest

## LARRY L. PINSON

---

**From:** Kenneth Wells <Kenneth.Wells@apollidon.com>  
**Sent:** Tuesday, April 21, 2015 11:04 AM  
**To:** LARRY L. PINSON  
**Subject:** 2015 NABP Annual Meeting-Poster Presentation

Tuesday, April 21, 2015

Larry L. Pinson  
Executive Secretary-Nevada Board of Pharmacy

Dear Larry,

**Patient Safety & Medication Error Prevention for Pharmacy**, is Oregon State University College of Pharmacy's newest on-line CE course for pharmacists. We look forward to our presentation at NABP's Educational Poster Session, Sunday, May 17, 2015, in New Orleans.

Boards of Pharmacy in Arizona, the District of Columbia, Idaho, Iowa, and Kansas already have pharmacists registered for this course, as part of the disciplinary action against the pharmacist.

If possible, please provide me the names of those individuals who will represent your Board? I will make sure I visit with them in New Orleans about the course?

Thanks,  
Ken

Ken Wells, RPh  
President Oregon Board of Pharmacy  
Corporate Business Development Manager  
Continuing Education Department  
Oregon State University-College of Pharmacy  
Apollidon Learning

Cell: 541.222.0409  
Office: 813.818.9100  
[kenneth.wells@apollidon.com](mailto:kenneth.wells@apollidon.com)  
[http://pharmacy.oregonstate.edu/online\\_ce](http://pharmacy.oregonstate.edu/online_ce)



# Nevada State Board of Pharmacy

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

## NEVADA STATE BOARD OF PHARMACY

### ACTIVITIES REPORT

#### APRIL 15-16, 2015 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the April, 2015 Board meeting.

#### Licensing Activity:

- 19 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 31 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies.
- 8 licenses were granted for Out-of-State wholesalers.
- 1 license was granted for a Nevada MDEG, and one denied for Medicaid & Medicare fraud convictions.
- 7 licenses were granted for Nevada pharmacies, and one denied for lack of qualified personnel.
- Pharmacist KK will be allowed to sit for the licensing exam, but will report back to the Board if successfully completed for probation considerations.
- Pharmacist GZ must take and pass either NAPlex or PARE prior to licensure due to past administrative actions in another state.
- Intern AV will be allowed to register as an intern after answering questions regarding past drug and alcohol abuse and recovery.

#### Disciplinary Actions:

- MDEG EM was fined \$1000 plus administrative costs and put on probation for 12 months for selling prescription items to the public without a prescription.
- Pharmacist DR was fined \$1K and pharmacy CV was charged administrative fees for misfilling an amoxicillin prescription with hydrocodone causing patient harm.
- Pharmacist NQ was fined \$1500 & ordered completion of 4 hours of extra CE for misfilling two prescriptions for the same patient within a six month period.  
Pharmacy WG was ordered to pay administrative costs.



- Pharmaceutical technician TH was revoked for diverting Xanax and Tramadol for personal use.

#### 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.
- Pharmacist Amy Pullen was granted approval to provide cognitive pharmacy services as part of chronic care management services from a site other than a pharmacy.
- The Board approved the concept of allowing a pharmacist to act as the director of a clinical laboratory (as asked by the Division of Health) and approved the concept of allowing a "prescription for billing purposes only" to be generated to allow for certain insurance agencies to pay for certain OTC products.

#### Public Hearing:

- **Amendment of Nevada Administrative Code 639.748 - Identification of person to whom controlled substances is dispensed.** The proposed amendment will define the identification requirements to obtain controlled substance medications.

#### Workshop:

- **Amendment of Nevada Administrative Code 453.510 Schedule I - A REGULATION** relating to controlled substances; revising the list of substances contained in Schedule I (adding the substances commonly known as AB PINACA, APICA, Salpidon A, Salvinaran A and THJ 2201); and providing other matters properly relating thereto.
- **Amendment of Nevada Administrative Code 453.540 Schedule IV - A REGULATION** relating to controlled substances; revising the list of substances contained in Schedule IV (adding the substance commonly known as suvorexant); and providing other matters properly relating thereto.

**PROPOSED REGULATION OF THE STATE BOARD OF  
PHARMACY**

**LCB File No. R004-15**

May 1, 2015

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 453.146.

A REGULATION relating to controlled substances; revising the list of substances contained in Schedule IV; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes the State Board of Pharmacy to add substances to or delete or reschedule all controlled substances enumerated in schedules I, II, III, IV and V by regulation. (NRS 453.146) Existing regulations set forth the drugs and substances that are enumerated in schedule IV. (NAC 453.540) This regulation adds suvorexant to the list of drugs and substances contained in schedule IV.

**Section 1.** NAC 453.540 is hereby amended to read as follows:

453.540 1. Schedule IV consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs, including, without limitation, their salts, calculated as the free anhydrous base of alkaloid, is hereby enumerated on schedule IV, in quantities:

(a) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit; or

(b) Dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxy-butane).

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alprazolam;

Barbital;

Bromazepam;

Butorphanol;

Camazepam;

Carisoprodol;

Chloral betaine;

Chloral hydrate;

Chlordiazepoxide;

Clobazam;

Clonazepam;

Clorazepate;

Clotiazepam;  
Cloxazolam;  
Delorazepam;  
Diazepam;  
Dichloralphenazone;  
Estazolam;  
Ethchlorvynol;  
Ethinamate;  
Ethyl loflazepate;  
Fludiazepam;  
Flunitrazepam;  
Flurazepam;  
Halazepam;  
Haloxazolam;  
Ketazolam;  
Loprazolam;  
Lorazepam;  
Lormetazepam;  
Mebutamate;  
Medazepam;  
Meprobamate;  
Methohexital;

Methylphenobarbital (mephobarbital);

Midazolam;

Nimetazepam;

Nitrazepam;

Nordiazepam;

Oxazepam;

Oxazolam;

Paraldehyde;

Petrichloral;

Phenobarbital;

Pinazepam;

Prazepam;

Quazepam;

***Suvorexant;***

Temazepam;

Tetrazepam;

Triazolam;

Zaleplon;

Zolpidem; or

Zopiclone.

4. Any material, compound, mixture or preparation which contains any quantity of fenfluramine, including, without limitation, its salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible, is hereby enumerated on schedule IV. For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV:

Cathine ((+)-norpseudoephedrine);

Diethylpropion;

Fencamfamin;

Fenproporex;

Mazindol;

Mefenorex;

Modafinil;

Pemoline (including organometallic complexes and chelates thereof);

Phentermine;

Pipradrol;

Sibutramine; or

SPA ((-)-dimethylamino-1,2,diphenylethane).

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pentazocine, including, without limitation, its salts, is hereby enumerated on schedule IV.

**NAC 639.926 Transmission of information regarding dispensing of controlled substances to certain persons. (NRS 639.070)**

1. Each pharmacy that uses a computerized system to record information concerning prescriptions and that dispenses a controlled substance that is listed in schedule II, III or IV to a person who is not an inpatient of a hospital, correctional institution or nursing facility shall transmit to the Board or its agent the following information, as applicable, set forth in the 2011 ASAP Version 4.2 Standard for Prescription Monitoring Programs published by the American Society for Automation in Pharmacy. The following Segments and the accompanying Data Elements of the Implementation Guide for the 2011 ASAP Version 4.2 Standard for Prescription Monitoring Programs are hereby adopted by reference, which is hereby adopted by reference:

- (a) The Segment entitled "TH Transaction Header" and the following Data Elements:
  - (1) Version Number;
  - (2) Transaction Control Number;
  - (3) Transaction Type;
  - (4) Response ID;
  - (5) Creation Date;
  - (6) Creation Time;
  - (7) File Type; and
  - (8) Segment Terminator Character;
- (b) The Segment entitled "IS Information Source" and the following Data Elements:
  - (1) Unique Information Source ID;
  - (2) Information Source Entity Name; and
  - (3) Message;
- (c) The Segment entitled "PHA Pharmacy Header" and the following Data Elements:
  - (1) National Provider Identifier (NPI);
  - (2) DEA Number;
  - (3) Pharmacy or Dispensing Prescriber Name;
  - (4) Phone Number;
  - (5) Contact Name; and
  - (6) Chain Site ID;
- (d) The Segment entitled "PAT Patient Information" and the following Data Elements:
  - (1) Last Name;
  - (2) First Name;
  - (3) Address Information – 1;
  - (4) City Address;
  - (5) State Address;
  - (6) ZIP Code Address;
  - (7) Phone Number;
  - (8) Date of Birth; and
  - (9) Gender Code;
- (e) The Segment entitled "DSP Dispensing Record" and the following Data Elements:
  - (1) Reporting Status;
  - (2) Prescription Number;
  - (3) Date Written;
  - (4) Refills Authorized;
  - (5) Date Filled;
  - (6) Refill Number;
  - (7) Product ID Qualifier;



- (8) Product ID;
  - (9) Quantity Dispensed;
  - (10) Days Supply;
  - (11) Transmission Form of Rx Origin Code;
  - (12) Classification Code for Payment Type; and
  - (13) Date Sold;
  - (f) The Segment entitled "PRE Prescriber Information" and the following Data Elements:
    - (1) National Provider Identifier (NPI);
    - (2) DEA Number;
    - (3) DEA Number Suffix;
    - (4) Last Name;
    - (5) First Name; and
    - (6) Phone Number;
  - (g) The Segment entitled "CDI Compound Drug Ingredient Detail" and the following Data Elements:
    - (1) Compound Drug Ingredient Sequence Number;
    - (2) Product ID Qualifier;
    - (3) Product ID;
    - (4) Component Ingredient Quantity; and
    - (5) Compound Drug Dosage Units Code;
  - (h) The Segment entitled "TP Pharmacy Trailer" and the Data Element Detail Segment Count; and
  - (i) The Segment entitled "IT Transaction Trailer" and the following Data Elements:
    - (1) Transaction Control Number; and
    - (2) Segment Count.
2. A copy of the publication may be obtained from the American Society for Automation in Pharmacy at the Internet address <http://www.asapnet.org>, or by telephone at (610) 825-7783, for the price of \$175 for members and \$770 for nonmembers.
3. The pharmacy shall transmit the information required pursuant to this section not later than ~~each Wednesday for the prescriptions filled from the immediately preceding Sunday through Saturday. If a Wednesday falls on a legal holiday, then the information must be reported on the next business day that is not a legal holiday~~ the end of the next business day after dispensing a controlled substance that is listed in schedule II, III or IV. A pharmacy that does not dispense a controlled substance that is listed in schedule II, III or IV shall transmit to the Board or its agent a zero report.
4. The information must be transmitted by means of a:
- (a) ~~Form of electronic data transmission approved by the Board, including, without limitation, a computer modem that can transmit information at the rate of 2400 baud or more~~ Secure FTP;
  - (b) Computer disc; or Web portal upload;
  - (c) ~~Magnetic tape of the kind that is used to transmit information between computerized systems.~~ Manual entry; or
  - (d) Zero report.
- (Added to NAC by Bd. of Pharmacy, eff. 8-27-96; A by R157-04, 10-22-2004, eff. 1-1-2005; R044-07, 10-31-2007)