



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
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August 11, 2015

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, September 2, 2015 at 9:00 am. The meeting will continue, if necessary, on Thursday, September 3, 2015 at 9:00 am or until the Board concludes its business at the following location:

Hyatt Place
1790 E Plumb Lane
Reno

Please Note:

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

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

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

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

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

◆ CONSENT AGENDA ◆

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

1. Public Comments and Discussion of and Deliberation Upon Those Comments: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)
2. Approval of July 22-23, 2015, Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Catamaran Home Delivery – Lisle, IL
 - B. CVS Caremark – Phoenix, AZ
 - C. CVS Caremark #1638 – Pittsburgh, PA
 - D. DIVVYDOSE – Rock Island, IL
 - E. MMS Solutions – Nashville, TN
 - F. RxBiotech Pharmacy, LLC – Burbank, CA
 - G. US MED, LLC – Miami, FL

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

- H. Accredo Health Group, Inc. – New Castle, DE
- I. Cedra Pharmacy, Inc. – Bronx, NY
- J. Davidson Discount Pharmacy, Inc. – Booneville, MS
- K. Mesa Pharmacy VII – Irvine, CA
- L. Park and King Pharmacy – Jacksonville, FL
- M. Pharmacy Link, Inc. – Birmingham, AL

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

- N. Blessings International – Broken Arrow, OK
- O. BTG International, Inc. – West Conshohocken, PA
- P. Carlsbad Technology, Inc. – Carlsbad, CA
- Q. Clinician's Choice Dental Products Inc. – Brookfield, CT
- R. Common Compounds, Inc. – Rogers, AR
- S. Derma Sciences Inc. – St Louis, MO
- T. Diamondback Drugs – Scottsdale, AZ
- U. Duchesnay USA, Inc. – Rosemont, PA
- V. Gulf Coast Pharmaceuticals Plus, LLC – Ocean Springs, MS
- W. HILCO – Plainville, MA
- X. Indivior Inc. – Richmond, VA
- Y. Intermed Distributors, Inc. – Dearborn, MI
- Z. Legacy Pharmaceutical Packaging LLC – Earth City, MO

- AA. Mayne Pharma – Greenville, NC
- BB. Mentor Texas L.P. – Coppell, TX
- CC. New Haven Pharmaceuticals, Inc. – North Haven, CT
- DD. Otonomy, Inc. – San Diego, CA
- EE. Portola Pharmaceuticals, Inc. – South San Francisco, CA
- FF. Safe Chain Solutions – Cambridge, MD
- GG. Sentynl Therapeutics, Inc. – Solana Beach, CA
- HH. TESARO, Inc. – Waltham, MA
- II. ZO Skin Health, Inc. – Irvine, CA

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

- JJ. About You Medical Supplies – Fort Pierce, FL
- KK. DME Tennessee LLC – Nashville, TN
- LL. Dynamic Medical Systems, LLC – Rancho Dominguez, CA
- MM. Harbor Medical Equipment, LLC – Austin, TX
- NN. Medstar Pharmacy LLC – Palmetto Bay, FL
- OO. SI-BONE, Inc. – San Jose, CA
- PP. Tri County Medical & Ostomy Supplies, Inc. – Johnson City, TN

Application for Nevada Manufacturer – Non Appearance for Possible Action:

- QQ. Integrated Commercialization Solutions, Inc. – Reno

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- RR. K Mart Pharmacy #9819 – Henderson
- SS. WellCare Closed Door Pharmacy – 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. Jamie Aguilar, PT (15-015-PT-N)
- B. Esai Rodriguez, PT (14-048-PT-N)

5. Application for Intern Pharmacist License – Appearance for Possible Action:

Jessica E. Marsh

6. Request for Removal of Restrictions on Pharmacy License – Appearance for Possible Action:

PharMerica and Spectrum Non-Sterile Compounding

◆ WORKSHOP for Possible Action ◆

Wednesday, September 2, 2015 – 1:30 pm

7. Proposed Regulation Amendment Workshop – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.
 - A. **New Language to be added to NAC Chapter 639**, pursuant to the Good Samaritan Drug Overdose Act, SB 459 (2015), establishing educational requirements and standardized procedures or protocols for the furnishing of opioid antagonists by pharmacists and other appropriate entities to persons at risk of experiencing an opioid-related overdose or to a family member, friend or other person in a position to assist persons at risk of experiencing an opioid-related drug overdose.
 - B. **Amendment of Nevada Administrative Code 453.510 Schedule I**. Because of potential abuse of certain unregulated products, law enforcement has requested that the Board of Pharmacy add additional compounds to Schedule I. Addition of Concentrated Cannabis, Cannabidiol and Acetyl Fentanyl.
 - C. **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. Addition of Lorcaserin.
8. Application for Nevada Pharmacy – Appearance for Possible Action:

Choice LV Specialty Pharmacy – Las Vegas
9. Applications for Out-of-State Pharmacy – Appearance for Possible Action:
 - A. CareKinesis, Inc. – Boulder, CO
 - B. CareKinesis, Inc. – Moorestown, NJ
 - C. Molecular Imaging Radiopharmacy – Salt Lake City, UT
 - D. The Pharmacy at Midtown – Tuscaloosa, AL
10. Application for Out-of-State Wholesaler – Appearance for Possible Action:

Alexso Inc. – Los Angeles, CA
11. General Counsel Report for Possible Action

Update on James Ammon, R.Ph
12. Approval of 2016 Board Meeting Dates for Possible Action

13. Executive Secretary Report for Possible Action:

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
 - 1. NGA Policy Academy on Rx Drug Abuse Update:
 - a. Meetings with hospitals & hospital associations
 - b. Meeting with HealthCare Board & Association Executives
 - 2. Speaking Engagements:
 - a. Behavioral Health
 - b. NVSHP
 - c. Dental Group
 - 3. Student Rotations with Board
 - a. Evaluation
 - 4. Compliance Office Sterile Compounding Training-NABP
 - 5. Executive Office Forum – NABP
- D. Reports to Board
 - 1. Collaborative Efforts:
 - a. BOME; BOVME; BON; DEA
 - 2. Update: District Meeting
 - 3. PMP Administrator
 - 4. Legislative Committee on Regulations
- E. Board Related News
 - 1. DEA 10th Drug Take-Back Day
- F. Activities Report

14. Next Board Meeting:

October 14-15, 2015 – Las Vegas

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

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

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

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

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

Elko County Courthouse – Elko
Washoe County Courthouse – Reno

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



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MINUTES

July 22 & 23, 2015

BOARD MEETING

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas

Board Members Present:

Leo Basch Cheryl Blomstrom Kevin Desmond
Tallie Pederson Jason Penrod

Board Members Absent:

Kirk Wentworth

Board Staff Present:

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

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

1. Public Comment

There was no public comment.

2. Approval of June 10, 2015, Minutes

Board Action:

Motion: Cheryl Blomstrom moved to approve the Minutes as presented.

Second: Kevin Desmond

Action: Passed Unanimously

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

- A. ABC Pharmacy – Rancho Cucamonga, CA
- B. Avella of Orlando, Inc. – Lake Mary, FL
- C. Care Partners Medical, LLC – Fountainville, PA
- D. CareZone Pharmacy – Richmond, CA
- E. Dunn Meadow Pharmacy – Fort Lee, NJ
- F. Health Partners Refill Center Pharmacy – Eden Prairie, MN
- G. Liberty Medical Supply – Port Saint Lucie, FL
- H. Liberty Medical Supply – Salem, VA
- I. Pet360 Pharmacy, LLC – Louisville, KY
- J. River Medical Pharmacy Inc. – San Antonio, TX

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

- K. AAA Compounding Pharmacy – Westminster, CA
- L. Allure Pharmacy – Los Angeles, CA
- M. B & E Pharmaceuticals, Inc. – Rego Park, NY
- N. Heartland LTC Pharmacy – Boise, ID
- O. MacDill Pharmacy – Tampa, FL
- P. Manhasset Park Drug Corp. – Manhasset, NY
- Q. Marin Wellness Pharmacy – San Rafael, CA
- R. NuFactor, Inc. – Kernersville, NC
- S. Pharmicare – Fort Myers, FL
- T. Pharma R Express – Miami, FL
- U. Pharma Select Texas – Houston, TX
- V. PJ's Pharmacy & Compounding – San Diego, CA
- W. Resource Pharmacy, Inc. – San Bernardino, CA
- X. Service Drugs – Ridgeland, MS

Applications for Out-of-State Wholesaler – Non Appearance

- Y. BDI Pharma, Inc. – Irving, TX
- Z. BioMarin Pharmaceutical Inc. – Novato, CA
- AA. HyGen Pharmaceuticals, Inc. – Redmond, WA
- BB. Independence Pharmaceuticals, LLC – Newport, KY
- CC. Leading Pharma, LLC – Fairfield, NJ
- DD. Sarepta Therapeutics, Inc. – Cambridge, MA
- EE. United Therapeutics Corporation – Research Triangle Park, NC

Applications for Out-of-State MDEG – Non Appearance

- FF. Cypress Medical Products LLC – Elwood, IL
- GG. Good Night Medical of Ohio, LLC – Westerville, OH
- HH. Long Island Respiratory Services, Inc. – Brooklyn, NY
- II. Medsource, L.L.C. – Bloomington, IL

JJ. Neovia Logistics Distribution LP – Ontario, CA
KK. Quantum Medical, Inc. – West Palm Beach, FL

Application for Nevada MDEG – Non Appearance:

LL. Synergy Sleep & Respiratory – Reno

Application for Nevada Pharmacy – Non Appearance

MM. Saint Mary's Outpatient Pharmacy – Reno

Board Action:

Motion: Tallie Pederson moved to approve the Consent Agenda applications as presented.

Second: Jason Penrod

Action: Passed Unanimously

4. Discipline

A. Andrea Cordova, PT (15-009-PT-S)

Andrea Cordova, pharmaceutical technician, appeared and was sworn by President Basch prior to answering questions or offering testimony.

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

Mr. Edwards stated that Board Staff received a letter from Ms. Cordova on December 24, 2014, explaining that she completed a Power- Pak CE instead of the "Nevada State Law" CE (Exhibit 1).

Mr. Edwards explained that Mr. Pinson replied to Ms. Cordova's letter on December 30, 2014, stating that in lieu of taking formal action against her registration, she could either attend one day of the January Pharmacy Board meeting in Las Vegas or complete the Law CE recorded through "Pharmacist's Letter" (Exhibit 2).

Ms. Cordova apologized to the Board for renewing her license without completing the correct Nevada Law CE. Ms. Cordova explained that she contacted Board Staff to verify that the CE she submitted was the Nevada Law CE.

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

Mr. Wuest explained that he spoke with Ms. Cordova after she received her letter from Mr. Pinson. He clarified that he asked her to fax the two CEs she completed to the Board office. He stated that he did receive her fax, but explained that the CE she submitted was not the Nevada Law CE.

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

Board Action:

Motion: Tallie Pederson moved to find Andrea Cordova guilty of the First and Second Causes of Action.

Second: Jason Penrod

Action: Passed Unanimously

Mr. Edwards offered penalty recommendations for the Board's consideration.

Board Action:

Motion: Kevin Desmond moved that Andrea Cordova receive a public letter of reprimand from the Board Executive Secretary. Ms. Cordova shall attend the October 2015 Board Meeting in Las Vegas and complete the "Nevada Law CE."

Second: Jason Penrod

Action: Passed Unanimously

B. Valerie Jensen, PT

(15-032-PT-S)

Valerie Jensen, pharmaceutical technician, appeared and was sworn in by President Basch before answering questions or offering testimony.

Mr. Edwards moved to have Exhibits 1 through 10 admitted. President Basch accepted the Exhibits into the record.

Mr. Edwards reminded the Board that in September 2014, Board Staff served Ms. Jensen a Cease and Desist Order and Citation for the Unlawful Practice of Pharmacy (Exhibit 1) for working 150 days as a pharmaceutical technician in training at Smith's Pharmacy #394 without a valid registration. Mr. Edwards stated that Ms. Jensen appeared before the Board during the October 2014 meeting to request approval for her Application for Pharmaceutical Technician in Training License. At the October 2014 meeting the Board reduced Ms. Jensen's fine from \$3,000.00 to \$1,500.00 and approved the application pending receipt of a

\$500.00 payment toward the citation and gave Ms. Jensen the option to negotiate a payment plan with Board Staff for the remaining balance.

Mr. Edwards called Valerie Jensen as a witness.

Ms. Jensen responded to questions by Mr. Edwards regarding the Exhibits. Ms. Jensen explained that Exhibit 3 was an email addressed to Board Staff to establish a payment plan of \$100.00 each month until the fine was paid in full. She stated that Exhibits 4 and 5 were her \$100.00 payments for November and December 2014. She explained that Exhibit 6 was an email addressed to Board Staff requesting official documents on the outcome of her case. Exhibit 7 was an email from Board Staff regarding the past due payments for January and February 2015, as well as her response that she would include the past due payments with the March 15, 2015 payment. On June 9, 2015 Board Staff served Ms. Jensen with a Notice of Intended Action. After she received the Accusation Ms. Jensen submitted two payments (Exhibits 8 & 9) which fulfilled her payment obligation.

Ms. Jensen explained to the Board that she had experienced unexpected financial hardships and apologized to the Board for the delayed payments and for not communicating these issues with Board Staff.

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

Motion: Cheryl Blomstrom moved to find Valerie Jensen guilty of the 1st Cause of Action.

Second: Jason Penrod

Action: Passed Unanimously

Mr. Edwards offered penalty recommendations for the Board's consideration.

The Board discussed having Ms. Jensen attend the Las Vegas Board meetings during the discipline hearings.

Motion: Cheryl Blomstrom moved that Valerie Jensen's Pharmaceutical Technician License be placed on probationary status for 1 year. Ms. Jensen shall receive a public letter of reprimand from the Board Executive Secretary Ms. Jensen shall complete 2 additional hours of CE on the topic of Ethics within 90 days of the Order and attend the first day of each of the Board's Las Vegas Board Meetings for October 2015, January 2016 and April 2016.

Second: Jason Penrod

Action: Passed Unanimously

- C. Linchi Le, R.Ph (15-022-RPH-A-S)
- D. Eric Van Meter, R.Ph (15-022-RPH-B-S)
- E. Von's Pharmacy #2615 (15-022-PH-S)

This matter is continued to the October 2015 Pharmacy Board Meeting.

- F. Melvin Schagren, R.Ph (13-034-RPH-S)
- G. Sam's Pharmacy #10-4974 (13-034-PH-S)

Mr. Penrod recused from participation in this matter due to his employment with Wal-Mart.

Debbie Mack, Wal-Mart's SR Director of Practice Compliance, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Hal Taylor was present representing Sam's Pharmacy.

Mr. Edwards stated that he would be presenting 2 stipulations for this case.

Mr. Edwards presented a Stipulation and Order regarding Mr. Schagren. Mr. Schagren admits that evidence exists to establish a factual basis for the violations alleged in the Accusation that while employed by Sam's Pharmacy, Mr. Schagren filled and dispensed a patient's prescription with dextroamphetamine SUL SR 10 mg. capsules, rather than Dexedrine 10 mg. as prescribed.

Mr. Edwards explained that Mr. Schagren contacted Board Staff to voluntarily surrender his Pharmacist License in October 2014. Mr. Edwards moved to have Mr. Schagren's letter accepted into the record. President Basch accepted the letter into the record.

Mr. Edwards explained that Mr. Schagren has agreed to a Voluntary Surrender of License/Certificate in lieu of other disciplinary action.

Board Action:

Motion: Kevin Desmond moved to accept Melvin Schagren's Voluntary Surrender of License as presented

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Edwards presented a Stipulation and Order regarding Sam's Pharmacy based on the same facts as Mr. Schagren's case. The Respondent agrees that Sam's Pharmacy is statutorily responsible for the errors of its employees.

Sam's Pharmacy shall review and retrain each pharmacist employed by Sam's Pharmacy or Wal-Mart Pharmacy in the Las Vegas or Henderson area on each company's Policies and Procedures regarding prescription verification, drug utilization review and counselling. Sam's Pharmacy will certify to Board Staff in writing that the training is complete within 90 days of the effective date of this Order. Sam's Pharmacy shall pay a fine of \$1,000.00 and pay an administrative fee of \$495.00.

Board Action:

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

Second: Tallie Pederson

Action: Passed Unanimously

5. Request for Reconsideration of Board Order – Appearance for Possible Action

Flotsol, Inc. (13-046-MP-S)

Augusta Massey was present representing Flotsol, Inc.

Ms. Massey explained that Mr. Adegboruwa, owner, was unable to appear before the Board as he was detained by U.S. Immigration and Customs Enforcement.

Ms. Massey requested a continuance of this matter to the October 2015 meeting.

President Basch accepted the request for continuance.

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

A. GraEagle Construction – Las Vegas

Gerardo Pasquale appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Pasquale stated that GraEagle Construction is applying for a Nevada MDEG License in order to bill Medicaid. He explained that GraEagle Construction installs grab bars and other home conversion items for people with disabilities.

Mr. Pasquale answered questions to the Board's satisfaction regarding GraEagle Construction's procedure from retrofitting homes to billing.

Mr. Pasquale requested the Board modify GraEagle Constructions Application on pg.7 questions 11 to answer "Yes."

Board Action:

Motion: Cheryl Blomstrom moved to approve the Application for Nevada MDEG for GraEagle Construction.

Second: Jason Penrod

Action: Pass unanimously

B. Tobin Medical – Las Vegas

Cynthia Ann Clark, owner and administrator, and Yee Lim, orthotic fitter, appeared and were sworn by President Basch prior to answering questions or offering testimony.

Ms. Clark explained that Tobin Medical is an orthotic supplier that plans on aiding primarily the elderly and lower income communities.

Ms. Clark answered the Board's questions regarding her work history and experience as an administrator.

The Board questioned Ms. Lim regarding her training and experience fitting orthotics.

Ms. Clark and Ms. Lim answered questions to the Board's satisfaction.

Board Action:

Motion: Kevin Desmond moved to approve Tobin Medical LLC's Application for Nevada MDEG License.

Second: Cheryl Blomstrom

Action: Passed unanimously

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

AnazaoHealth Corporation – Las Vegas

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

A. AnazaoHealth – Tampa, FL

The Board decided to hear applications 7 and 8A at the same time.

Doug Cammann, pharmacy manager at the Las Vegas location, appeared and was sworn in by President Basch before answering questions or offering testimony.

Mr. Cammann explained that AnazaoHealth provides nuclear pharmacy and pain management services out of the Tampa facility, and performs non-sterile and sterile patient specific compounding out of the Las Vegas facility. He stated that the Las Vegas pharmacy is a 503B outsourcing facility.

The Board questioned Mr. Cammann regarding both facilities services provided and disciplinary history.

Ray Seidlinger, Inspector for the Nevada State Board of Pharmacy, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Seidlinger answered questions to the Board's satisfaction regarding the FDA's inspection of the AnazaoHealth Las Vegas location.

Board Action:

Motion: Kevin Desmond moved to accept AnazaoHealth Corporation's Application for Nevada Pharmacy License.

Second: Jason Penrod

Action: Passed unanimously

Board Action:

Motion: Cheryl Blomstrom moved to approve Coast Quality Pharmacy LLC's Application for Out-of-State Pharmacy License

Second: Tallie Pederson

Action: Passed unanimously

B. JJ Trinity Compounding Pharmacy – Valencia, CA

Dina Atalla-Mikhail, owner, appeared and was sworn in by President Basch prior to answering questions or offering testimony.

Ms. Atalla-Mikhail stated the JJ Trinity Compounding Pharmacy is a non-sterile and sterile compounding pharmacy that opened on August 15, 2014.

Ms. Atalla-Mikhail explained that JJ Trinity Compounding Pharmacy plans to compound and ship ophthalmic drops, TPN, and IV products into Nevada pending the Board's approval.

Ms. Atalla-Mikhail responded to the Board's questions regarding her past work history and pharmacy experience.

The Board questioned Ms. Atalla-Mikhail regarding the construction of the pharmacy's sterile compounding area and staff training.

Ms. Atalla-Mikhail requested the application to be modified to show JJ Trinity Compounding Pharmacy would be providing Mail Service Sterile Compounding.

Board Action:

Motion: Kevin Desmond moved to approve JJ Trinity Compounding Pharmacy's Out-of-State Pharmacy Application.

Ms. Pederson offered a friendly amendment to include pending favorable inspections by the California Board of Pharmacy.

Mr. Desmond accepted the friendly amendment.

Second: Jason Penrod

Action: Passed unanimously

C. Olympia Pharmacy – Orlando, FL

Confidence Ekanyanwu, Quality Manager, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Ms. Ekanyanwu explained that Olympia Pharmacy is a non-sterile and sterile compounding pharmacy located in Orlando, FL. She stated that Olympia Pharmacy is licensed to ship sterile compounds in 17 states and is also a FDA registered 503B outsourcing facility.

Ms. Ekanyanwu stated that Olympia Pharmacy primarily compounds Trimix and other ED injections.

The Board removed Olympia Pharmacy's affidavit to ship sterile products into Nevada from the record at Ms. Ekanyanwu's request.

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

Board Action:

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

Mr. Penrod offered a friendly amendment to approve Olympia Pharmacy's Application for Out-of-State Pharmacy License pending proof of positive FDA 503B Inspection.

Ms. Blomstrom accepted the friendly amendment.

Second: Jason Penrod

Action: Passed unanimously

D. Pharmacy Innovations – Erie, PA

Richard Moon, owner, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Moon explained that Pharmacy Innovations is currently licensed to ship non-sterile compounds into Nevada. He stated that Pharmacy Innovations is applying to be able to ship sterile products into Nevada as well.

The Board question Mr. Moon regarding the types of sterile compounds Pharmacy Innovations plan on shipping to Nevada. Mr. Moon explained Pharmacy Innovations would primarily be compounding eye drops, ear drops, ED injections and nebulizer solutions.

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

Board Action:

Motion: Tallie Pederson moved to approve the update of Pharmacy Innovations' Out-of-State Pharmacy License to allow shipping sterile compounds into Nevada.

Second: Cheryl Blomstrom

Action: Passed unanimously

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

A. Alexso Inc. – Los Angeles, CA

Troy Farahmand, part owner, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Farahmand explained that Alexso Inc. is based out of California and currently licensed in 14 states.

The Board questioned Mr. Farahmand regarding past administrative actions and license denials. Mr. Farahmand explained that the past administrative actions and license denials had to do with his business partner's past business ventures.

The Board offered Mr. Farahmand the option to table the application until his partner could be present to address the Board's concerns.

Mr. Farahmand opted to table this matter until the October 2015 Board meeting.

B. Avella of Deer Valley, Inc. – Phoenix, AZ

Christopher Dinoffria, Facility Manager, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Dinoffria explained that Avella of Deer Valley is a FDA registered 503B outsourcing facility that focuses primarily on medications for ophthalmic procedures.

Mr. Dinoffria stated that the FDA is currently conducting the 503B outsourcing facility inspection.

Mr. Dinoffria answered questions to the Board's satisfaction regarding and pending or past discipline.

Board Action:

Motion: Kevin Desmond moved to approve Avella of Deer Valley, Inc.'s Application for Out-of-State Wholesaler License pending receipt of a letter from the owner that Mr. Dinoffria is authorized to speak on behalf of the company and a copy of the FDA Outsourcing Facility Inspection Report once it is available.

Second: Tallie Pederson

Action: Passed unanimously

C. Unique Pharmaceuticals, LTD – Temple, TX

Travis Leeah, owner and pharmacy manager, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Leeah explained that Unique Pharmaceuticals is currently licensed to ship sterile compounds into 22 states. He stated that Unique Pharmaceuticals is a 503B outsourcing facility and their FDA inspection happened in January 2015.

Mr. Leeah answered questions to the Board's satisfaction regarding a recall in July 2014 and Unique Pharmaceuticals current procedure to ensure product sterility.

Mr. Leeah requested the Board to update the List of top 4 suppliers.

Board Action:

Motion: Cheryl Blomstrom moved to approve Unique Pharmaceuticals' Application for Out-of-State Wholesaler License.

Second: Kevin Desmond

Action: Passed unanimously

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

Curnutt Community Drug – Pahrump

Justin Curnutt, managing pharmacist, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Curnutt explained that Curnutt Community Drug will be a retail and non-sterile compounding pharmacy in Pahrump.

The Board questioned Mr. Curnutt regarding his experience with compounding. He explained that he is PCCA trained and had limited exposure through his pharmacy school rotations.

Mr. Curnutt explained that Curnutt Community Drug would primarily supply topical pain creams, hormone replacement, and potentially veterinary drugs.

The Board expressed concern at Mr. Curnutt's lack of pharmacy experience especially with compounding.

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

The Board recommended Mr. Curnutt contact Board Staff to approve the blueprints.

Board Action:

Motion: Jason Penrod moved to approve Curnutt Community Drug's Application for Nevada Pharmacy License pending completion of construction and final inspection of the pharmacy.

Second: Tallie Pederson

Action: Passed unanimously

11. Application for Controlled Substance License – Appearance

Anthony J. Lamancusa, DMD

Anthony Lamancusa appeared and was sworn by President Basch prior to answering questions or offering testimony.

The Board questioned Dr. Lamancusa regarding the multiple stipulated agreements and past discipline by the Nevada Board of Dental Examiners.

Dr. Lamancusa explained that members of his staff were writing fraudulent prescriptions using his DEA. He also stated that he hired a dental hygienist who worked unlicensed at his office.

The Board questioned Dr. Lamancusa regarding his hiring procedures and if he reported the stolen Rx pads and fraudulent prescriptions to the police.

The Board expressed concern with Dr. Lamancusa's lack of action to prevent future fraudulent activity.

After further discussion the Board felt that it is not in the public's best interest to allow Dr. Lamancusa to prescribe or have controlled substances in his possession or purview.

Board Action:

Motion: Tallie Pederson moved to deny Anthony Lamancusa's Application for Controlled Substance License.

Second: Cheryl Blomstrom

Action: Passed unanimously

12. Application for Authority to Dispense Drugs License – Appearance

Carmen F. Jones, MD

Carmen Jones appeared and was sworn by President Basch prior to answering questions or offering testimony.

Jacob Hafter was present representing Dr. Jones.

Mr. Hafter provided a brief background on Dr. Jones work history as well as a timeline of Dr. Jones open investigation with the Nevada Board of Medical Examiners (Medical Board).

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

Mr. Wuest provided additional information regarding Dr. Jones' investigation.

Dr. Jones answered questions to the Board's satisfaction regarding her current practice.

Board discussion ensued regarding the responsibilities of a practitioner applying for a dispensing license.

The Board expressed concern at Dr. Jones' lack of knowledge and experience regarding dispensing as well as her open investigation with the Medical Board.

The Board offered Dr. Jones the option to table her application until the matter with the Medical Board is resolved. The Board also encouraged Dr. Jones to research the responsibilities and laws regarding the dispensing license.

Mr. Hafter requested Dr. Jones' Application for Authority to Dispense Drugs be tabled until after Dr. Jones' hearing with the Medical Board.

13. Application for Renewal of Pharmacist License – Appearance

Gregory Imoohi

Gregory Imoohi, pharmacist, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Imoohi stated that he appeared before the Board for permission to renew his Nevada Pharmacist License.

Mr. Wuest explained that Mr. Imoohi's Nevada license is currently in non-renewed status. Mr. Wuest stated that Mr. Imoohi has an administrative action pending in California and that his hearing is scheduled for December 9, 2015.

The Board expressed concern regarding the pending case in California.

The Board discussed how long Mr. Imoohi had to renew his license before he would be required to apply by re-examination.

Ray Seidlinger, Inspector Nevada State Board of Pharmacy, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Seidlinger reported that Mr. Imoohi has until October 31, 2016 to renew his license without having to take the examination.

The Board offered Mr. Imoohi the option to table his application until the case in California is resolved or proceed to make a decision today.

Mr. Imoohi requested the Board table his application.

14. Request for Pharmacist License by Reciprocity – Appearance for Possible Action:

James. V. Ammon

James Ammon, pharmacist, appeared and was sworn by President Basch prior to answering questions or offering testimony.

Mr. Ammon explained that on July 16, 2008 his Nevada Pharmacist License was suspended indefinitely paralleling an administrative action taken against his Utah Pharmacy License in 2007. Mr. Ammon stated that he has resolved all issues with Utah and Wyoming and that his licenses have been fully reinstated in both states.

Mr. Ammon answered questions to the Board's satisfaction regarding his current employment.

Board Action:

Motion: Jason Penrod moved to reinstate James Ammon's Pharmacist License.

Second: Cheryl Blomstrom

Action: Pass unanimously

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

Clayton P. Fitch

Mr. Fitch withdrew his Application for Pharmaceutical Technician in Training.

16. Budget – Fiscal Year 2015-2016

Mr. Pinson provided a copy of the budget for fiscal year 2015-2016 to the Board, and reviewed it to the Board's satisfaction.

17. Personnel Review for Possible Action

A. Personnel Evaluation

Larry Pinson commended his entire staff commenting on their hard work and efficiency. He cited several attributes and accomplishments of all members of the staff.

B. Executive Secretary Evaluation

President Basch complimented Mr. Pinson's hard work and leadership. Mr. Pinson's leadership is reflected in the quality of work produced by Board Staff and their responsiveness to serve the public. The Board commended Mr. Pinson and Board Staff for being prompt and knowledgeable especially when responding to questions.

Board Action:

Motion: Jason Penrod moved to approve a pay increase for Board Staff.

Second: Kevin Desmond

Action: Passed unanimously

18. General Counsel Report

A. Legislative Update

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

Mr. Wuest and Liz Macmenamin, RAN, provided additional information.

19. Executive Secretary Report

A. Financial Report

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

B. Temporary Licenses

Three temporary licenses were issued since the last meeting.

C. Staff Activities

1. NGA Policy Academy on Rx Drug Abuse Update

Mr. Pinson reported that the second National Governors Association meeting in Vermont was well attended. The committee continued to develop policies to help reduce prescription drug abuse.

2. Certified Public Manager Program

The Nevada Certified Public Manager Program is a two-year professional development course that offers public leaders an opportunity to enhance their leadership capabilities.

Mr. Wuest graduated from the program on May 27, 2015. The graduation ceremony was held at the Capitol Building in Carson City. Governor Sandoval presented the graduates with their diplomas.

Mr. Edwards has been accepted to this program and started his courses in June.

3. DEA Appreciation Letter

Mr. Pinson received a letter from DEA thanking him for his presentation.

D. Reports to Board

1. Collaborative Efforts:

Mr. Wuest stated that on July 28, 2015 Board Staff and Appriss would be meeting with the Hospital Association to discuss PMP reports being attached to electronic medical records.

Mr. Pinson explained that he is planning a meeting with the Executives of the other healthcare boards to discuss SB 459.

a. BOME; BOVME

2. Update: District Meeting

Mr. Wuest reported that preparations for the District 6, 7 & 8 are almost complete and provided a brief summary of registration for the Board's information.

E. Board Related News

1. CPNP Guidelines on Naloxone Access for Pharmacists
2. Independent Healthcare Monitors
3. Quick Fix

F. Activities Report

20. Next Board Meeting:

September 2-3, 2015 - Reno

21. Public Comment

There was no public comment.

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: Catamaran Home Delivery

Physical Address: 2441 Warrenville Road, 5th Floor

Mailing Address: same as above

City: Lisle State: IL Zip Code: 60532

Telephone: 630-328-5920 Fax: 877-762-9551

Toll Free Number: 855-312-9085 (Required per NAC 639.708)

E-mail: yong.lee@catamaranrx.com Website: www.mycatamaranrx.com

Managing Pharmacist: Yong Lee License Number: 051.287732

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

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: Central Processing

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

89174

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

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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 1,2,6,7GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Caremark Arizona Mail Pharmacy, L.L.C. d/b/a CVS Caremark

Physical Address: 4121 E Cotton Center Blvd

Mailing Address: 9501 E Shea Blvd, MC024, Scottsdale, AZ 85260

City: Phoenix State: AZ Zip Code: 85040

Telephone: 602-431-5000 Fax: 602-431-5001

Toll Free Number: 800-831-4440 (Required per NAC 639.708)

E-mail: mailorderlicensing@caremark.com

Website: _____

Managing Pharmacist: Margaret Krueger License Number: S009313

TYPE OF PHARMACY ANDSERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

89019

C

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

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Check box below for type of ownership and complete all required forms.

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

☐ Partnership - Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Express Pharmacy Service of PA, L.L.C. d/b/a CVS Caremark #1638

Physical Address: 620 Epsilon Dr. Pittsburgh, PA 15238

Mailing Address: 9501 E Shea Blvd MC024

City: Scottsdale State: AZ Zip Code: 85260

Telephone: 412-967-8473 Fax: 412-968-2698

Toll Free Number: 800-222-3383 (Required per NAC 639.708)

E-mail: mailorderlicensing@caremark.com Website: N/A

Managing Pharmacist: Mary Rossetti License Number: RP037248R

TYPE OF PHARMACY **AND**

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

89018

D

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: DIVVYMED, LLC d/b/a DIVVYDOSE

Physical Address: 3416 Blackhawk Rd. (46th Ave.) Ste. 104

Mailing Address: 3416 Blackhawk Rd. (46th Ave.) Ste. 104

City: Rock Island State: IL Zip Code: 61201

Telephone: 844-693-4889 Fax: 309-807-2462

Toll Free Number: 844-693-4889 (Required per NAC 639.708)

E-mail: amovva@divvydose.com Website: www.divvydose.com

Managing Pharmacist: Kelly Caldbeck License Number: 051.289744

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,

88912

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 02002)
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: Cardinal Health 128, LLC dba MMS Solutions

Physical Address: 202 Cumberland Bend, Nashville, TN 37228

Mailing Address: 7000 Cardinal Place, OCLC - QRA

City: Dublin State: OH Zip Code: 43017

Telephone: 866-716-5486 Fax: 614-652-0282

Toll Free Number: 866-716-5486 (Required per NAC 639.708)

E-mail: GMB-Facility-Licensing@cardinalhealth.com Website: www.mmspharmacy.com

Managing Pharmacist: Timothy Hoffman License Number: 0000036153

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

38229

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

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☐ New Pharmacy

☒ Ownership Change

(Please provide current license number if making changes: PH02564)

☒ 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: RxBiotech Pharmacy, LLC

Physical Address: 315 W Verdugo Ave. Burbank, CA 91502

Mailing Address: 532 Broadhollow Rd Ste. 137

City: Melville State: NY Zip Code: 11747

Telephone: 310-657-2881 Fax: 310-657-0906

Toll Free Number: 800-657-2212 (Required per NAC 639.708)

E-mail: info@aurusrx.com

Website: www.aurushealthservices.com

Managing Pharmacist: Mohammad Hassani License Number: 52417

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,**

G

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509
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<input type="checkbox"/> New Pharmacy or <input checked="" type="checkbox"/> Ownership Change (Provide current license number if making changes: <u>PH 02455</u>) Check box below for type of ownership and complete all required forms.	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7 <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: US MED, LLC

Physical Address: 1480 NW 79 AVE., MIAMI, FL 33126

Mailing Address: 8260 NW 27 STREET #403 LICENSE DEPT

City: MIAMI State: FL Zip Code: 33122

Telephone: 305-403-0739 Fax: 305-470-1480

Toll Free Number: 866-938-4482 (Required per NAC 639.708)

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

Managing Pharmacist: FERNANDO GARCIA License Number: PS 34075

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

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

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

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☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH²²⁹⁰)

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: Accredo Health Group, Inc.

Physical Address: 2 Boulden Circle, Ste. 1, New Castle, DE 19720

Mailing Address: 2 Boulden Circle, Ste. 1

City: New Castle State: DE Zip Code: 19720

Telephone: 302-395-8950 Fax: 866-844-6629

Toll Free Number: 866-844-2469 (Required per NAC 639.708)

E-mail: AMCampagna@express-scripts.com

Website: www.accredo.com

Managing Pharmacist: Ann Campagna License Number: A1-0003978

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

4597

I

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

☐ Partnership – Pages 1,2,5,7

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

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Cedra Pharmacy, Inc.

Physical Address: 3027 3rd Ave

Mailing Address: 3027 3rd Ave

City: Bronx State: NY Zip Code: 10455

Telephone: 917-473-7788 Fax: 917-473-7789

Toll Free Number: 844-233-7279 (Required per NAC 639.708)

E-mail: as@cedrapharmacy.com Website: www.cedrapharmacy.com

Managing Pharmacist: Anna Shmayenik License Number: 057057

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

88986

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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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: Davidson Discount Pharmacy, Inc.

Physical Address: 203 N. Second St.

Mailing Address: 203 N. Second St.

City: Booneville State: MS Zip Code: 38829

Telephone: 662-728-4401 Fax: 662-728-9553

Toll Free Number: 844-728-4401 (Required per NAC 639.708)

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

Managing Pharmacist: Christopher Davidson License Number: E-06966

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,**

89264

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 03201)
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: Mesa Pharmacy, Inc. (d/b/a Mesa Pharmacy VII)

Physical Address: 18013 Sky Park Cir. Suite D, Irvine, CA 92614

Mailing Address: 18013 Sky Park Cir. Suite D

City: Irvine State: CA Zip Code: 92614

Telephone: 949-955-2975 Fax: 949-955-2925

Toll Free Number: 877-659-9655 (Required per NAC 639.708)

E-mail: asummers@mesarx.net

Website: www.mesapharma.com

Managing Pharmacist: Amy Lee Summers License Number: 59823

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: _____

67639

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

L

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: Park and King Pharmacy

Physical Address: 4163 Oxford Ave

Mailing Address: 4163 Oxford Ave

City: Jacksonville State: FL Zip Code: 32210

Telephone: 904-389-6602 Fax: 904-389-7062

Toll Free Number: 866-744-2431 (Required per NAC 639.708)

E-mail: tweiss@carterspharmacies.com Website: N/A

Managing Pharmacist: George Chrysakis License Number: PS36009

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,

89263

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: Pharmacy Link, Inc

Physical Address: 3648 Vann Road Birmingham, AL 35235

Mailing Address: P.O. Box 94

City: Altun State: AL Zip Code: 35015

Telephone: 205-836-1414 Fax: 1-866-374-4761

Toll Free Number: 1-866-332-6966 (Required per NAC 639.708)

E-mail: Orders@pharmalink.com Website: www.pharmacylinkrx.com

Managing Pharmacist: Anthony Ricciardone License Number: AL #110717

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

89173

N

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.

* 501(c)(3) - please see attached

GENERAL INFORMATION

Facility Name: Blessings International

Physical Address: 1650 N. Indianwood Ave.

Mailing Address: _____

City: Broken Arrow State: OK Zip Code: 74012

Telephone: 918-250-8101 Fax: 918-250-1281

Toll Free Number: 1-877-250-8101

E-mail: bewy@blessing.org

Website: www.blessing.org

Facility Manager: Barry Ewy, PharmD, JD, MHA

Professional qualifications and experience of facility manager: Pharmacist who has managed more than 5 years of clinic and hospital pharmacy and two years of wholesale

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☐ Practitioners

☐ Hospitals

☐ Wholesalers

☒ Other: Charitable clinics and organizations

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: _____

D

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: BTG International Inc.

Physical Address: Five Tower Bridge, 300 Barr Harbor Dr., Suite 800, West Conshohocken, PA 19428

Mailing Address: Five Tower Bridge, 300 Barr Harbor Dr., Suite 800

City: West Conshohocken State: PA Zip Code: 19428

Telephone: 610-278-1660 Fax: 610-278-1605

Toll Free Number: N/A

E-mail: gantzm@btgplc.com Website: www.btgplc.com

Facility Manager: Matthew Gantz, President

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: Specialty distributors, military

Type of Products to be handled or wholesaled by firm:

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

P

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

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

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

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

GENERAL INFORMATION

Facility Name: Carlsbad Technology, Inc.
Physical Address: 5928 Farnsworth Court, Carlsbad, CA, 92008
Mailing Address: 5922 Farnsworth Court Carlsbad, CA 92008
City: Carlsbad State: CA Zip Code: 92008
Telephone: (760) 431-8284 Fax: (760) 431-7507
Toll Free Number: 1 855 397-9777
E-mail: wyoung@carlsbadtechnologyinc.com Website: www.carlsbadtechnologyinc.com
Facility Manager: Wen Pin Young
Professional qualifications and experience of facility manager: 15 years of experience as Carlsbad Technology, Inc's Operation Director.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Distributor Center

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: Contact Lens

80291

Q

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE

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

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

Application must be printed legibly or typed

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

<input 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: Clinician's Choice Dental Products Inc.

Physical Address: 559 B Federal Road, Brookfield, CT 06804.

Mailing Address: P.O. Box 1706

City: New Milford State: CT Zip Code: 06776

Telephone: 800-265-3444 Fax: 519-641-3083

Toll Free Number: 800-265-3444

E-mail: memery@cliniicianschoice.com Website: cliniicianschoice.com

Facility Manager: Vincent Paradiso

Professional qualifications and experience of facility manager: Polymer chemist with 30 plus years in the dental industry

Types of licensed outlets or authorized persons firm will serve:

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

89387

manu

CCI is a dental supply company selling
Impression materials, impression trays, temporary
materials, polishing & finishing products.

R

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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☒ New Wholesaler

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☒ Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name: Common Compounds, Inc.

Physical Address: 5050 Northgate Rd, Suite 20 Rogers, AR 72758

Mailing Address: P.O. Box 1784

City: Bentonville State: AR Zip Code: 72712

Telephone: 479-636-9702 Fax: 877-427-2307

Toll Free Number: 877-427-2307

E-mail: hunterb@cc-medical.com Website: www.cc-medical.com

Facility Manager: Hunter Burroughs

Professional qualifications and experience of facility manager: Owned a national pharmacy chain that was licensed in all 50 states. Also he is sole owner of Common Compounds, Inc which has been approved for + obtained Arkansas wholesale 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: _____

S

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

<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: DERMA SCIENCES INC.

Physical Address: 145 CASSENS COURT - ST LOUIS, MISSOURI

Mailing Address: REGULATORY DEPT - 104 SHORTING RD, TORONTO, ONT, CANADA, M1S 3S4

City: ST. LOUIS State: MISSOURI Zip Code: 63026

Telephone: 636-326-7884 Fax: 636-326-1108

Toll Free Number: _____

E-mail: fantionetti@dermasciences.com Website: www.dermasciences.com

Facility Manager: FRANK ANTONETTI

Professional qualifications and experience of facility manager: BS HEALTHCARE ADMINISTRATION ASD, C&IA, MBA (BUSINESS MGMT) 12 YRS MGMT PHARMA/QA.

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: _____

T

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

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

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

<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: DIAMONDBACK DRUGS

Physical Address: 7631 E INDIAN SCHOOL RD SCOTTSMLE AZ 85251

Mailing Address: SAME

City: SCOTTSMLE State: AZ Zip Code: 85251

Telephone: 480 946 2223 Fax: 480 946 2235

Toll Free Number: 866 646 2223

E-mail: MICHAEL BLAIR @ DIAMONDBACKDRUGS.COM Website: N/A

Facility Manager: DAVID PERKINS

Professional qualifications and experience of facility manager: REGISTERED PHARMACEUTIST
FOR OVER 30 YEARS - OPERATIONS MANAGER - AVELLA SECURITY PHARMACY
DISTRICT MANAGER - WALMART

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers

☒ Other: VETERINARIANS, ANIMAL HOSPITALS

Type of Products to be handled or wholesaled by firm:

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

88916

U

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: Duchesnay USA, Inc.

Physical Address: 919 Conestoga Road, Building ONE, Suite 203

Mailing Address: 919 Conestoga Road, Building ONE, Suite 203

City: Rosemont State: PA Zip Code: 19010

Telephone: 484-380-2641 Fax: 484-380-2658

Toll Free Number: _____

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

Facility Manager: Dennis Dean Hopkins

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Nursing Homes, Specialty Pharmacies

Type of Products to be handled or wholesaled by firm:

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

✓

✓

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Wholesaler

☐ Ownership Change

(Please provide current license number if making changes: WH_____)

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name:

Gulf Coast Pharmaceuticals Plus, LLC

Physical Address:

995A N Halstead Rd

Mailing Address:

995A N Halstead Rd

City:

Ocean Springs

State:

MS

Zip Code:

39564

Telephone:

888-574-7366

Fax:

228-875-5596

Toll Free Number:

↑

E-mail:

info@gulfcoastpharmaceuticalsplus.com

Website:

www.gulfcoastpharmaceuticalsplus.com

Facility Manager:

Jeremy Smith

Professional qualifications and experience of facility manager:

operations manager for the last ~~five~~ seven years

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

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☐ Other:

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

W

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: The Hilsinger Company D/B/A HILCO

Physical Address: 33 West Bacon Street, Plainville, MA 02762

Mailing Address: State License Servicing 1751 State Route 17A Ste 3

City: Florida State: NY Zip Code: 10921

845-544-2482 (Licensing)

845-544-2481 (Licensing)

Telephone: 508-699-4406 (Facility) Fax: 508-695-2742 (Facility)

Toll Free Number: 800-955-6544

E-mail: HIL@slny.com Website: www.Hilco.com

Facility Manager: Robert Belcher

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: Physicians

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: Ophthalmic

88838

X

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

GENERAL INFORMATION

Facility Name: Indivior Inc

Physical Address: 10710 Midlothian Turnpike, Suite 430

Mailing Address: _____

City: Richmond State: VA Zip Code: 23235

Telephone: 804-379-1090 Fax: 804-379-1215

Toll Free Number: _____

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

Facility Manager: Richard Simkin

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

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Y

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

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

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

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

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

GENERAL INFORMATION

Facility Name: INTERMED DISTRIBUTORS, INC

Physical Address: 15201 NORTH COMMERCE DRIVE, DEARBORN, MI 48120

Mailing Address: 15201 NORTH COMMERCE DRIVE

City: DEARBORN State: MI Zip Code: 48120

Telephone: 313-582-8300 Fax: 313-582-3800

Toll Free Number: _____

E-mail: tarek@intermeddistributors.com Website: www.intermeddistributors.com

Facility Manager: Ramzi Jaward

Professional qualifications and experience of facility manager: _____
20 years experience as licensed pharmacist, and 6 years pharmaceutical wholesale experience.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Wholesaler

☐ Ownership Change

(Please provide current license number if making changes: WH_____)

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

GENERAL INFORMATION

Facility Name: Legacy Pharmaceutical Packaging LLC

Physical Address: 13333 Lakefront Drive

Mailing Address: _____

City: Earth City State: MO Zip Code: 63045

Telephone: 314-813-1555 Fax: 314-209-0315

Toll Free Number: _____

E-mail: hhilderbrand@legacypackaging.com Website: www.legacypackaging.com

Facility Manager: Tyler South

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: _____

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: _____

AA

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Metrics Inc D/B/A Mayne Pharma

Physical Address: 5440 Martin Luther King Jr Blvd

Mailing Address: State License Servicing, 1751 State Rte 17A Ste 3, Florida, NY 10921

City: Greenville State: NC Zip Code: 27834

Telephone: 252-752-3800 Fax: 252-551-1059

Toll Free Number: 1-800-344-8661

E-mail: MPM@slsny.com Website: www.maynepharma.com

Facility Manager: Kyle Clifton

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

Types of licensed outlets or authorized persons firm will serve:

<input checked="" 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 be firm:

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

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BB

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

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

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

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

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

GENERAL INFORMATION

Facility Name: Mentor Texas L.P.

Physical Address: 555 Airline Drive, Coppell, TX 75019

Mailing Address: 3041 Skyway Circle North

City: Irving State: TX Zip Code: 75038

Telephone: (972) 257-4750 Fax: (972) 252-8867

Toll Free Number: N/A

E-mail: Lsena@its.jnj.com Website: http://www.mentorwwllc.com/global-us/

Facility Manager: Leticia E. Sena

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:

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

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CC

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

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

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

GENERAL INFORMATION

Facility Name: New Haven Pharmaceuticals, Inc.

Physical Address: 116 Washington Avenue, 4th Floor

Mailing Address: _____

City: North Haven State: CT Zip Code: 06473

Telephone: 203-488-4620 Fax: 203-823-4321

Toll Free Number: n/a

E-mail: mmilligan@newhavenpharma.com Website: www.newhavenpharma.com

Facility Manager: Michael Milligan

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: _____

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ 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: Otonomy, Inc.Physical Address: 6275 Nancy Ridge Drive, Suite 100

Mailing Address: _____

City: San DiegoState: CAZip Code: 92121Telephone: 858-242-5200Fax: 858-200-0933

Toll Free Number: _____

E-mail: info@otonomy.comWebsite: www.otonomy.comFacility Manager: Anthony YostProfessional qualifications and experience of facility manager: See AttachedTypes of licensed outlets or authorized persons firm will serve:☐ Pharmacies☒ Practitioners☒ Hospitals☒ Wholesalers☒ Other: Specialty Pharmacies, Specialty Distributors, & MilitaryType 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

EE

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
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Application must be printed legibly or typed

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

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

GENERAL INFORMATION

Facility Name: Portola Pharmaceuticals, Inc.

Physical Address: 270 E. Grand Avenue

Mailing Address: _____

City: South San Francisco State: CA Zip Code: 94080

Telephone: (650) 246-7000 Fax: (650) 246-7376

Toll Free Number: _____

E-mail: legal@portola.com Website: www.portola.com

Facility Manager: Mardi Dier

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: _____

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FF

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

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

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

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

GENERAL INFORMATION

Facility Name: Safe Chain Solutions

Physical Address: 822 Chesapeake Drive

Mailing Address: SAME

City: Cambridge State: MD Zip Code: 21613

Telephone: 855-437-5727 Fax: 855-614-4118

Toll Free Number: N/A

E-mail: Licensing@safechain.com Website: www.safechainsolutions.com

Facility Manager: Charles Boyd

Professional qualifications and experience of facility manager: Resume 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: _____

CG

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

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

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

Facility Name: Sentynl Therapeutics, Inc.

Physical Address: 265 Santa Helena, Suite 208

Mailing Address: 265 Santa Helena, Suite 208

City: Solana Beach State: CA Zip Code: 92075

Telephone: 858-720-4512 Fax: 858-720-4557

Toll Free Number: n/a

E-mail: dstokely@sentynl.com Website: www.sentynl.com

Facility Manager: Daniel Stokely

Professional qualifications and experience of facility manager: 18 years experience in pharmaceutical industry as executive leading finance and accounting functions, ncluding product and company acquisitions

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: _____

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HH

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

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

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

<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: TESARO, Inc.

Physical Address: 1000 Winter Street, Suite 3300

Mailing Address: _____

City: Waltham State: MA Zip Code: 02451

Telephone: 339-970-0900 Fax: 339-230-3953

Toll Free Number: _____

E-mail: contact@tesarobio.com Website: www.tesarobio.com

Facility Manager: Edward English

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Military, Specialty Distributors, Specialty Pharmacies, Retailers, Long Term Care/Assisted Living

Type of Products to be handled or wholesaled by firm:

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

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☒ 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: ZO Skin Health, IncPhysical Address: 1 Technology Drive #F201 Irvine, CA 92618Mailing Address: 5 Technology DriveCity: Irvine State: CA Zip Code: 92618Telephone: 949-988-7524 Fax: 949-988-7544Toll Free Number: N/AE-mail: rcastr@zoskinhealth.com Website: www.zoskinhealth.comFacility Manager: Giovanni Franco

Professional qualifications and experience of facility manager: _____

See Attached ResumeTypes 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: Cosmetics

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33

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

☒ New MDEG

☐ Ownership Change

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

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

☐ Partnership - Pages 1,2,3,6

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

☐ Sole Owner – Pages 1,2,3,7

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

FACILITY INFORMATION

Facility Name: ABOUT YOU MEDICAL SUPPLIES

Physical Address: 117 N 5TH STREET

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

Mailing Address: 117 N 5TH STREET

City: FORT PIERCE

State: FLORIDA

Zip Code: 34950

Telephone: 7724664344

Fax: 8009483104

E-mail: PSEYMOUR@ABOUTYOUNMEDICAL.COM

Website: WWW.ABOUTYOUNMEDICAL.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 AM to 4:30 PM Tue: 9:00 AM to 4:30 PM Wed: 9:00 AM to 4:30 PM Thu: 9:00 AM to 4:30 PM

Fri: 9:00 AM to 4:30 PM Sat: CLOS to ED Sun: CLOS to ED Holidays: CLOS to ED

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: PAMALA A SEYMOUR

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

☐ Medical Gases**

☒ Assistive Equipment

☐ Respiratory Equipment**

☐ Parenteral and Enteral Equipment**

☐ Life-sustaining equipment**

☐ Orthotics and Prosthesis

☐ Diabetic Supplies

Other: _____

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

Name: _____

Telephone: _____

KK

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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

Physical Address: 636 Division Street Nashville TN 37203
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 636 Division Street Nashville TN 37203

City: Nashville State: TN Zip Code: 37203

Telephone: 615-600-4909 Fax: 615-246-3827

E-mail: alan.kessman@alanahcathcare.com Website: www.alanahcathcare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8:30 to 5:00 Sat: on call Sun: on call Holidays: on call
(866-446-4363)

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Alan Kessman

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

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

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

Name: _____ Telephone: _____

please see attached letter. Page 1

88913

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NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

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

Application must be printed legibly or typed

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<input type="checkbox"/> New MDEG	<input checked="" 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: Dynamic Medical Systems, LLC

Physical Address: 2811 East Ana Street, Rancho Dominguez, CA 90221

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

Mailing Address: 2811 East Ana Street

City: Rancho Dominguez State: CA Zip Code: 90221

Telephone: 1-800-225-9080 Fax: 310-894-7490

E-mail: rosah@godynamic.com Website: www.godynamic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8AM to 5PM Tue: 8AM to 5PM Wed: 8AM to 5PM Thu: 8AM to 5PM

Fri: 8AM to 5PM Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Cindy Thomas

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: N/A

MM

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

Liability

FACILITY INFORMATION

Facility Name: Harbor Medical Equipment, LLC

Physical Address: 2101 E St Elmo Road, Bldg. 2, Suite 275
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2101 E St Elmo Road, Bldg. 2, Suite 275

City: Austin State: TX Zip Code: 78744

Telephone: 844-300-2631 Fax: 800-886-3625

E-mail: kris.frey@harbor-hme.com Website: www.harbor-hme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 4 Tue: 8:30 to 4 Wed: 8:30 to 4 Thu: 8:30 to 4

Fri: to Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Harold David Shockley

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>HFCWO Vests</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: _____

89172

NN

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: MEDSTAR PHARMACY LLC

Physical Address: 9843 SW 184 STREET, PALMETTO BAY, FL 33157
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8260 NW 27 STREET #403 LICENSE DEPT

City: DORAL State: FLORIDA Zip Code: 33122

Telephone: 305-278-1659 Fax: 305-278-1660

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: MARCOS PARDON AND ZACHARY SCHIFFMAN

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: _____

891372

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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: SI-BONE, Inc.
Physical Address: 3055 Olin Avenue, Suite 2200
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 3055 Olin Avenue, Suite 2200
City: San Jose State: CA Zip Code: 95128
Telephone: (408) 207-0700 Fax: (408) 557-8312
E-mail: bjohnson@si-bone.com Website: www.SI-BONE.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm
Fri: 9am to 5pm Sat: n/a to Sun: n/a to Holidays: n/a to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Blanchard

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 Prosthethics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>medical device</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

89369

PP

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: Tri County Medical + Ostomy Supplies Inc.

Physical Address: 1904 Knob Creek Rd Ste 1 Johnson City TN. 37604
(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: 772-463-3739 Fax: _____

E-mail: Jennifer@Tri-countymedical.com Website: www.Tri-countymedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8am to 5pm Sat: NA to _____ Sun: NA to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jennifer Baysinger -Branch Manager

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: Ostomy, Urological, Mastectomy Supplies

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

Name: NA

Telephone: NA

QQ

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR MANUFACTURER

\$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 Manufacturer ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

GENERAL INFORMATION

Facility Name: Integrated Commercialization Solutions, Inc.

Physical Address: 1195 Trademark Dr., #102-B

Mailing Address: 3101 Gaylord Parkway, Frisco, Texas 75034 - Attention: Simone Orange

City: Reno State: Nevada Zip Code: 89521

Telephone Number: (775) 857-2170 Fax Number: (775) 857-2757

Toll Free Number: None

E-mail: simone.orange@absq.com Website: www.lcsconnect.com

Facility Manager: Anthony Holben

Professional qualifications and experience of facility manager: See attached Exhibit A (Resume)

Types of licensed outlets firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

89171

RR

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 01633)			

<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: K Mart Pharmacy # 9819

Physical Address: 10405 South Eastern Avenue

Mailing Address: 3333 BEVERLY RD AC 367 B HOFFMAN ESTATES, IL 60179

City: Henderson State: NV Zip Code: 89052

Telephone: (702) 407-9011 Fax: (702) 407-9014

Toll Free Number: 800-349-0764

E-mail: Nancy.Thomase@searsh.com Website: https://pharmacy.kmart.com/

Managing Pharmacist: Grace Lee License Number: 18622

Hours of Operation:

Monday thru Friday 9:00 am 7:00 pm Saturday 9:00 am 3:00 pm
 Sunday 12:00PM ~~am~~ 4:00 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy ☒ Ownership Change ☐ Name Change ☐ Location Change
 (Please provide current license number if making changes: PHC 03076)

☐ Publicly Traded Corporation – Pages 1,2,3,7,8a,8b ☐ Partnership – Pages 1,2,5,7,8a,8b
☒ Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b ☐ Sole Owner – Pages 1,2,6,7,8a,8b
 Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: WellCare Closed Door Pharmacy

Physical Address: 4235 East Charleston Boulevard
Las Vegas, Nevada 89104-6695

Mailing Address: 1313 East Maple Street, Suite 210

City: Bellingham State: Washington Zip Code: 98225

Telephone: 702 410 7801 Fax: 702 988 8806

Toll Free Number: none

E-mail: regulative.affairs@crxshoppe.com Website: none

Managing Pharmacist: Ronald Obrique License Number: 18662

The entity that will
be conducting the
pharmacy is Sonoran
Pharmaceutical
Group Inc.

Hours of Operation:

Monday thru Friday 8:30 am 7:00 pm

Sunday not open am pm

Saturday not open am pm

24 Hours no

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

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FINDING	HARM	DISCIPLINE RPH – TECH	DISCIPLINE PHARMACY
R.Ph. JCH violated conditions of his probation.	N/A	License revoked; stayed until probationary conditions met.	N/A
R.Ph. JE misfilled two prescriptions for the same patient: glimepride 4mg tablet prescription filled with doxazosin 4mg tablets; hydrocodone/APAP 5-325 mg filled with hydrocodone/APAP 10-325mg.	Dizziness nausea.	Pass PARE & Nevada law exam after which license on probation; complete four weeks of on-the-job training under direct supervisor of another pharmacist; may not work as PIC for a period of six months following on-the-job training.	\$250 admin fee; provide to Board Staff written policies and procedures and report errors to Board Office.
PT BM tested positive while at work.	N/A	Licensed suspended; PRN evaluation.	N/A
PT SD did not comply with Board Order.	N/A	Revoked	N/A
RPH misfilled estrogen prescription with wrong strength.	Mood swings; suicidal thoughts.	Fined \$1,000; CE on error prevention.	Develop policies and procedures related to error prevention; \$495 admin fee.
RPH allowed PTT to work unlicensed for 150 days.	N/A	Letter of reprimand; CE on pharmacy law; \$250 admin fee.	\$3,000 fine; develop system to prevent unlicensed personnel.
RPH JY misfilled 1) prescription written for clonazepam with clonidine; 2) misfilled prescription written for tramadol with trazodone. RPH TW dispensed guanfacine prescription to the wrong patient. Pharmacy accepted and dispensed medications pursuant to a "master prescription" which did not meet federal and state requirements for a valid prescription.	Patient receiving the trazodone in error experienced dizziness and fell.	JY: Public letter of reprimand; \$1,500 fine; \$250 administrative fee; 2 hours of CE on error prevention; 1 hour of CE on the elements of a valid prescription. TW: Public letter of reprimand; \$500 fine; \$250 administrative fee; 2 hours of CE on error prevention; 1 hour of CE on the elements of a valid prescription.	\$250 administrative fee; \$1,500 fine.
MDEG EM sold prescription merchandise to		\$1,000 fine; 12 months' probation	

FINDING	HARM	DISCIPLINE RPH – TECH	DISCIPLINE PHARMACY
the public without a valid prescription.			
RPH DR filled and dispensed a prescription with hydrocodone-acetaminophen 5-500 mg. tablets rather than amoxicillin 500 mg. capsules as prescribed		RPH fined \$1,000; CE on error prevention.	\$495 administrative fee.
RPH NQ misfilled two prescriptions for the same patient within a six month period.		RPH fined \$1,500; \$49 administrative fee; two CEs on error prevention.	\$990 fine; \$495 administrative fee.
PTT TH diverted Xanax and Tramadol for personal use from her employing pharmacy.		Revoked.	
RPH JS and BH filled and dispensed a prescription for Focalin XR with instructions to take four capsules daily rather than one capsule daily as prescribed.	Patient became withdrawn and emotionally distraught.	JS fined \$1,500 and 4 additional CEs; BH fined \$750 and 3 additional CEs.	\$495 administrative fee and review and retrain each RPh on policies and procedures regarding drug utilization review and counseling.
RPH PD misfilled a prescription with Brintellix 20 mg tablets rather than 5 mg tablets as prescribed.	Patient experienced agitation and nervousness.	\$500 fine and 2 additional CEs.	\$495 administrative fee.
PT LM tested positive for cocaine during a drug screen.	N/A	PRN-PRN evaluation.	N/A
PT AC failed to comply with law CE.	N/A	Public letter of reprimand; attend October 2015 Board Meeting; makeup law CE.	N/A
PT VJ failed to comply with Board Order.	N/A	Public letter of reprimand; two CEs on ethics; one year probation.	N/A
RPH MS voluntarily surrendered his license to practice pharmacy for misfilling a prescription for a 5 year old child resulting in patient harm.	Patient experienced rapid heart rate and restlessness.	N/A	\$1,000 fine; staff training on DUR for all of their southern Nevada pharmacies.

MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	\$750.00	Counseling CE + \$1000.00	Hearing
Administrative fee	\$495.00	\$495.00	\$495.00
Ingested no potential harm	\$500.00	\$1000.00	Hearing
Ingested with potential harm or adverse outcomes	\$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort.			
No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance.			
With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees will be added costs in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from \$0.00 to \$10,000 for each Cause of Action.

Updated August 2014

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DISCIPLINE GUIDE

Following a board hearing:

Make Finding

Declare all charges in aggregate or specifically by individual charge; requires motion and second to:

1. Dismiss
2. Find Not Guilty
3. Find Guilty

Cost of Hearing

Make a motion that all costs of the hearing will be awarded.

1. Specify who will pay these costs, and
2. What timeframe the payment shall be made

Alternative Requirements for Potential Terms of Probation

Alternative disciplines must be a condition of probation. Make a motion for probation; include terms, conditions, timeframe and anticipated result to be obtained by alternative disciplines. Alternatives include, but are not limited to:

1. Examination - Respondent takes some type of test.
2. Continuing Education (specify particular area of education, i.e., counseling)
3. Peer review, sponsored internship
4. Limited License Authority (i.e., no employment in dispensing, no managing)
5. PRN-PRN
6. Provide documents of Policies and Procedures, programs or inservice training.
7. Improve workflow, work place - document changes, use inspections.

8. Order physical or mental evaluation

Penalties

Make a motion; include amount, timeframe or stay of:

1. Fines – up to \$1,000 per charge or by Matrix
2. Suspension
3. Revocation

NOTE: Respondent can request a rehearing; upon revocation, a request can be made for reinstatement of license after one year.

Reinstatement of Revoked License

1. Renewal form required.
2. Renewal fee, no penalties.
3. License can not be reinstated until the renewal form and fee has been received.

JUL 29 2015

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 15-015-PT-N
Petitioner,)	
v.)	
)	
JAMIE AGUILAR, PT	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PT04025	)	AND ACCUSATION
)	
)	
Respondent.)	
	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Jamie Aguilar (Mr. Aguilar), Certificate of Registration No. PT04025, is a registered pharmaceutical technician with the Board.

II.

On or about March 23, 2015, APRN Mary Patterson (APRN Patterson) of Dr. Mark Schumacher's office filed a complaint with the Board Office alleging that Scolari's Pharmacy #24 (Scolari's) filled and dispensed birth control medication to patient C.K. without a prescription.

III.

On July 17, 2015, Board Staff served Scolari's pharmaceutical technician Jamie Aguilar with a Cease and Desist Order and Citation for unlicensed practice of pharmacy. Board Staff issued the citation after learning that Mr. Aguilar dispensed a medication without a valid prescription. Mr. Aguilar is not properly registered with this Board to sell or dispense any prescription drug in this State.

IV.

On February 27, 2015, Scolari's faxed a "NEW/refill PRESCRIPTION REQUEST" form to Dr. Schumacher's office requesting a new prescription for Gildess 1.5/30 tablets for patient C.K. Dr. Schumacher's office denied the request because patient C.K. was several months overdue for an annual examination.

V.

During the subsequent examination on March 11, 2015, APRN Patterson learned that patient C.K. received a Gildess 1.5/30 pack (28 tablets) from a Scolari's pharmacy employee shortly after Dr. Schumacher's office denied the February 27, 2015 faxed request.

VI.

APRN Patterson contacted Scolari's and spoke with pharmacy Manager Lon Hettich. Mr. Hettich initially told APRN Patterson that there was no record of C.K. in the pharmacy computer system. APRN Patterson faxed the refill request form that she received from Scolari's on February 27, 2015, to Mr. Hettich. Mr. Hettich admitted that a pharmacy technician gave the medication to C.K. without a prescription. Mr. Hettich identified the action as a "fill and gone".

VII.

During the Board's investigation, pharmaceutical technician Jamie Aguilar admitted in a written statement that he gave the Gildess 1.5/30 pack (28 tablets) to C.K. The Gildess package was not labeled and the transaction was not entered into the pharmacy's computerized tracking system. Mr. Aguilar indicated that he provided the medication to C.K. at the request of a coworker, pharmaceutical technician Rachael Trainer (Ms. Trainer), who is C.K.'s roommate. Ms. Trainer asked Mr. Aguilar to do a "fill and gone" for C.K. because C.K.'s prescriber had not responded to the faxed refill request and C.K. was about to run out of her medication.

VIII.

In a written statement, Mr. Hettich explained that the practice referred to as “fill and gone” is routinely done for non-controlled substances, such as oral contraceptives, when the patient does not have any refills available but had “a recorded prescription history of long term use and in the pharmacist’s clinical judgement the therapy will continue.”

FIRST CAUSE OF ACTION

IX.

In operating outside of the scope of his pharmaceutical technician registration by filling and dispensing a medication without a prescription or authorization from a practitioner, Respondent Jamie Aguilar violated Nevada Administrative Code (NAC) 639.945(1)(h) and/or (k) and NAC 639.245(3)(a) and/or (c), which violations are grounds for action pursuant to Nevada Revised Statute 639.100(1) and/or NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

SECOND CAUSE OF ACTION

X.

In failing to maintain a recordkeeping system that would allow for readily retrievable prescription records for patient C.K.’s prescription, Respondent Jamie Aguilar violated NAC 639.210(4) and/or (17), NAC 639.236, NAC 639.482, NAC 639.706 and/or NAC 639.945(1)(h) and/or (i), which violations are grounds for action pursuant to NRS 639.210(4) and (17) and/or NRS 639.236, as well as NRS 639.255.


THIRD CAUSE OF ACTION

XI.

By diverting dangerous drugs, namely, Gildess 1.5/30 pack (28 tablets), Respondent Jamie Aguilar violated NAC 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

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

Signed this 29th day of July, 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.

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

V.

JAMIE AGUILAR

Certificate of Registration No. PT04025

Respondent

))))))) /

CASE NO. 15-015-PT-N

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

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

I.

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

II.

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

III.

The Board has reserved Wednesday, September 2, 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 29th day of July, 2015.


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

AUG 12 2015

BEFORE THE NEVADA STATE BOARD OF PHARMACY

Petitioner,

v.

Certificate of Registration No. PT04025

Respondent

CASE NO. 15-015-PT-N

ANSWER AND NOTICE OF DEFENSE

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

NONE

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

I Jaime Aguilar did what I felt was in the best interest of the patient and Admit to the said accusations. I hope the board takes into consideration my long untainted service to the profession and sees this as what it was, an isolated incident.

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 11th day of August, 2015.



Jaime Aguilar, PT

JUL 29 2015

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 15-048-PT-N
)	
Petitioner,)	
v.)	
	)	NOTICE OF INTENDED ACTION
ESAI RODRIGUEZ, PT	)	AND ACCUSATION
Certificate of Registration No. PT14955,)	
)	
Respondent.	/	

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

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Esai Rodriguez, PT (Mr. Rodriguez), Certificate of Registration No. PT14955, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

On or about June 5, 2015, Board Staff received notification from the CVS Health Director of Regulatory Affairs (CVS) indicating that CVS terminated Mr. Rodriguez from his employment as a pharmaceutical technician at CVS Pharmacy #09168. CVS terminated Mr. Rodriguez's employment for diversion of controlled substances.

III.

During an interview conducted by a CVS Regional Loss Prevention Manager, and in a written statement, Mr. Rodriguez admitted to diverting the following drugs during the period September 2014, through April 2015 (quantities are approximate):

- Xanax 1 mg. - 300 tablets
- Xanax 0.5 mg. - 300 tablets
- Xanax 2 mg. - 200 tablets
- Diazepam 5 mg. - 60 tablets
- Soma 350 mg. - 60 tablets
- Soma 250 mg. - 100 tablets
- Tylenol #3 - 50 tablets
- Tramadol 50 mg. - 150 tablets
- Vyvanse 30 mg. - 30 tablets

IV.

Mr. Rodriguez indicated that he diverted the drugs by pouring them out of the stock bottle and placing the tablets in the pocket of his pants. He stated that he sold the medication to college students and used the money to cover his personal living expenses. Mr. Rodriguez indicated in the interview that he did not personally use the drugs.

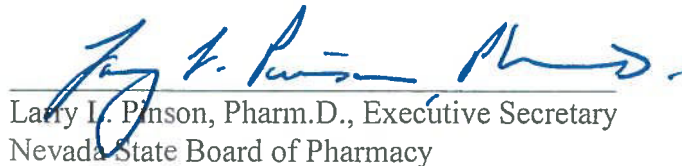
FIRST CAUSE OF ACTION

V.

By diverting controlled substances, as listed above, Esai Rodriguez violated Nevada Revised Statute (NRS) 453.331(1)(d), NRS 453.336(1) and/or NRS 453.338(1), as well as Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

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

Signed this 29th day of July, 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,	)	CASE NO. 15-048-PT-N
)	
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
ESAI RODRIGUEZ, PT	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PT14955	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent.)	
	/	

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

I.

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

II.

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

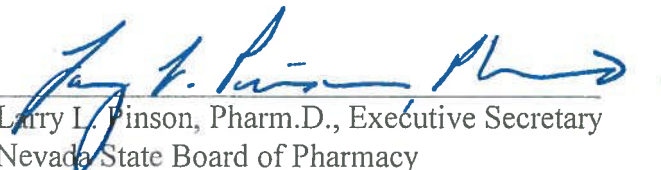
III.

The Board has reserved Wednesday, September 2, 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 29th day of July, 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,	)	CASE NO. 15-048-PT-N
)	
Petitioner,)	
v.)	
)	
ESAI RODRIGUEZ, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT14955	)	OF DEFENSE
)	
Respondent.)	
	/	

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

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

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

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

DATED this ____ day of _____, 2015.

ESAI RODRIGUEZ, PT

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509

INTERN PHARMACIST APPLICATION

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

Complete Name (no abbreviations):

First: Jessica Middle: Elaine Last: Marsh
Home Address: 833 Aspen Peak Loop Apt #: 926
City: Henderson State: NV Zip Code: 89011
Social Security Number: 10

Place of Birth: Portsmouth, VA Sex: ☐ M ☒ F

E-mail Address

Pharmacy School: Roseman University of Health Sciences
Attendance dates: 7/7/2015 - June 2018
Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGE certificate to this application. You also need to complete the pharmacy school information.

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

				Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...				<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....				<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation: <u>See attached</u>					
Board Administrative Action:		State	Date:	Case #:	
			<u>/ /</u>		
Criminal Action:	State	Date:	Case #:	County	Court
	<u>CA</u>	<u>9/10/2006</u>	<u>6540709701</u>	<u>Los Angeles</u>	<u>Superior Court - Southwest Judicial District</u>

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

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted.

Date

7/24/15

89299

Board Use Only Date Processed:

8/4/15

Amount:

\$40.00



July 21, 2015

Nevada State Board of Pharmacy
Attn: Candy Nally
431 W. Plumb Lane
Reno, NV 89509

Re: Jessica Marsh

Dear Ms. Nally:

Ms. Jessica Marsh has applied and has been conditionally admitted to the College of Pharmacy at Roseman University of Health Sciences. Based on previous substance abuse issues, she requires an appearance before the Nevada State Board of Pharmacy to determine if she is eligible to obtain an intern license once school begins. Ms. Marsh's offer of admission is contingent upon her ability to obtain and maintain an intern license from the Nevada State Board of Pharmacy.

Ms. Marsh has been candid and forthright regarding her past actions. As part of our due diligence to ensure Ms. Marsh's success in our pharmacies and in our program, she will be subject to random drug screening tests at any time during her enrollment with our College and on an annual basis, as we do with all of our student pharmacists.

Should you have any questions, or require any further information, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Helen Park", with a long horizontal flourish extending to the right.

Helen Park, Pharm.D.
Director of Admissions and Student Affairs
Roseman University of Health Sciences
College of Pharmacy
Ph. 702-968-5248 F: 702-968-1644
Email: Hpark1@roseman.edu

To whom it may concern:

7/7/2015

My name is Jessica Marsh. Approximately nine years ago at the age of twenty-one, after a series of irresponsible and selfish mistakes, I was arrested on misdemeanor drug charges in Torrance, CA. The charges included possession of a controlled substance/paraphernalia, and under the influence of methamphetamine. Being a first time offender, the court offered me a deferred entry of judgment in exchange for completion of a drug program. I completed the required program, and returned to court, at which time my case was dismissed without a conviction.

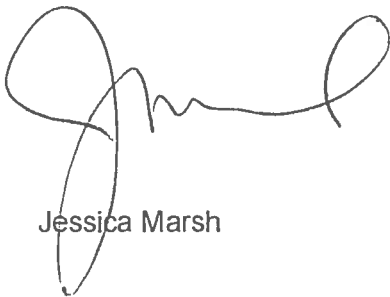
In the nine years since this incident, I have grown into a different person. During this time period, I have maintained a life free from drug use. I have spent the majority of the last nine years working in the pharmacy field in California and have come to find my work very rewarding. I have held and excelled at positions such as pharmacy clerk, data entry processor, billing technician, lead pharmacy technician, and medical records supervisor. While maintaining employment, I was also a student. While my overall transcript reflects the poor decisions of my past, my most recent grades demonstrate the hard work and determination of my present. For my efforts, I was accepted to Roseman University of Health Sciences - College of Pharmacy, my first choice school.

Financially, I have turned my life around as well. My credit score has recovered from the barrages of bankruptcy and I am now considered a low-risk borrower with credit score I can be proud of.

Most important, and certainly the most profound change has been motherhood. I have an eight year old son. I suppose he was the real catalyst. An absolute delight, full of life and joy, who inspires me to want to be and do better.

I hope you will give me the opportunity to further my career with you here in Nevada so that I may contribute as much as I am able as a capable, accountable, and contributing member of the pharmacy community.

Thank you so much for your time,

A handwritten signature in black ink, appearing to be 'Jessica Marsh', with a large, stylized initial 'J'.

Jessica Marsh



U.S. Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division
Clarksburg, WV 26306

DATE: 08-06-2013

JESSICA ELAINE MARSH
3942 VALETA ST. 258
SAN DIEGO, CA 92110

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation has completed the following fingerprint submission:

Subject Name

Search Completed Result

JESSICA ELAINE MARSH

A SEARCH OF THE FINGERPRINTS
PROVIDED BY THIS INDIVIDUAL
HAS REVEALED PRIOR ARREST
DATA AT THE FBI.

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

Any questions may be addressed to the Customer Service Group at (304) 625-5590. You may also visit the Web site at www.fbi.gov for further instructions.

This Criminal History Record Information (CHRI) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. This CHRI is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.

A handwritten signature in black ink, reading "Kimberly J. Del Greco", is written over the typed name and title.

Kimberly J. Del Greco
Section Chief
Biometric Services Section
Criminal Justice Information
Services Division

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

USFPID09Z
PART 2

- FBI IDENTIFICATION RECORD -

1-ARRESTED OR RECEIVED 2006/09/10
AGENCY-POLICE DEPARTMENT REDONDO BEACH (CA0195600)
AGENCY CASE-9199729
CHARGE 1-001 COUNTS OF POSS CONTROLLED SUBSTANCE
CHARGE 2-001 COUNTS OF UNDER INFLUENCE CNTL SUB
CHARGE 3-001 COUNTS OF CNTL SUB PARAPHERNALIA

COURT-MUNICIPAL COURT TORRANCE (CA019223J)
CHARGE-11377 A HS-POSSESS CNTL SUBSTANCE
SENTENCE-
DISMISSED/FURTHERANCE OF JUSTICE
CHARGE-11364 A HS-POSSESS UNLAW PARAPHERNALIA
SENTENCE-
DISMISSED/FURTHERANCE OF JUSTICE

RECORD UPDATED 2013/08/06

ALL ARREST ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON
FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL
USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

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Mail

Calendar

Contacts

Deleted Items (19)

Drafts

Inbox (6)

Junk E-mail

Sent Items

Click to view all folders

AB128

Board Meeting Misc

LV Alerts

Larry Paul Dave

Las Vegas Office

Medical Board

State NV

Stuff for Larry

USN

Versa (1)

Manage Folders...

**FW: PharMerica and Spectrum Non-Sterile Compounding**

David Wuest

Sent: Wednesday, August 05, 2015 2:33 PM

To: Pharmacy Board

fyi

J. David Wuest R.Ph.

Deputy Secretary

(775) 850-1440

dwuest@pharmacy.nv.gov

From: Werner, Roland L. [mailto:Roland.Werner@pharmerica.com]**Sent:** Wednesday, August 05, 2015 12:48 PM**To:** David Wuest**Subject:** PharMerica and Spectrum Non-Sterile Compounding

Good afternoon Dave,

Please our conversation from this morning, I would like to formally request to be placed on the Nevada Board of Pharmacy's agenda for the September meeting on Wednesday and Thursday, September 2nd and 3rd. I am requesting a review by the Board on the restriction placed on our pharmacy due to the purchase of Spectrum pharmacy by PharMerica in 2014. The restriction was placed on Spectrum pharmacy due to a serious error made when compounding a medication. I am requesting a change in the restriction in order for us to be able to compound medications for patients we serve. Thank you very much.

Sincerely,
Roland Werner
Pharmacy Director
PharMerica

Confidentiality Notice: This email and its attachments may contain privileged and confidential information and/or protected health information (PHI) intended solely for the recipient(s) named above. If you are not the recipient, or the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any review, dissemination, distribution, printing or copying of this email message and/or any attachments is strictly prohibited. If you have received this transmission in error, please notify the sender immediately and permanently delete this email and any attachments.

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Proposed Regulation of the Nevada State Board of Pharmacy

Workshop September 2, 2015

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted.

AUTHORITY: §1, NRS 639.070; Good Samaritan Drug Overdose Act (SB 459 (2015))

NEW LANGUAGE to be added to NAC Chapter 639, pursuant to the Good Samaritan Drug Overdose Act, SB 459 (2015), establishing standardized procedures or protocols and educational requirements and for the furnishing of opioid antagonists by pharmacists to persons at risk of experiencing an opioid-related overdose or to a family member, friend or other person in a position to assist persons at risk of experiencing an opioid-related drug overdose.

Section 1. NAC Chapter 639 shall be amended to include:

NAC 639.____. Authorization to furnish an opioid antagonist; contents of written protocol.

1. A physician may establish a written protocol authorizing pharmacists to furnish an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose or to a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose. Except as otherwise limited by the physician pursuant to subsection 2, any pharmacist who has received the training required in NAC 639.____ may subscribe to the written protocol and furnish an opioid antagonist in compliance with the protocol. Such a protocol must contain:

- (a) The name of the physician who is authorizing the furnishing of an opioid antagonist by a pharmacist;*
- (b) The opioid antagonist that may be furnished by a pharmacist;*
- (c) Detailed policies and procedures that a pharmacist must follow when furnishing an opioid antagonist.*
- (d) A procedure for the review of the protocol and its operation by the physician at least once annually, and the making and keeping of a record of the review;*
- (e) When appropriate, specific instructions related to the age of the patient;*
- (f) Except as otherwise provided in subsection 2, a restriction that a pharmacist may not delegate his or her authority to furnish an opioid antagonist;*
- (g) A requirement that an opioid antagonist be furnished according to all applicable federal, state and local laws; and*
- (h) The signature of the physician authorizing the furnishing of an opioid antagonist and the time period for which the written protocol is effective.*

2. A physician may include restrictions to a written protocol established by the physician pursuant to subsection 1 by limiting the protocol to any of the following:

- (a) A specific pharmacist, or pharmacists;*
- (b) A specific location or locations;*
- (c) Furnishing a specific opioid antagonist; or*
- (d) Other limitations as the physician determines necessary.*

Section 2. NAC 639.____. Duties of authorizing physician. A physician who has authorized a pharmacist to furnish an opioid antagonist by establishing a written protocol pursuant to NAC 639.____ shall supervise the implementation of the protocol by each pharmacist who has subscribed to the protocol by:

1. Being readily accessible to the pharmacist or the patient when the pharmacist is authorized to furnish an opioid antagonist for consultation, assistance and direction; and
2. If required by the written protocol, reviewing a periodic status report from a pharmacist concerning any problems, complications or emergencies related to the furnishing of an opioid antagonist.

Section 3. NAC 639.____. Training prior to receipt of an opioid antagonist. Before a pharmacist may furnish an opioid antagonist pursuant to a written protocol, the recipient of an opioid antagonist shall receive training on the use of opioid antagonists.

1. The training must include:

- (a). Information concerning the prevention and recognition of and responses to opioid-related drug overdoses;
- (b). Methods for the safe administration of opioid antagonists to a person experiencing an opioid-related drug overdose;
- (c). Potential side effects and adverse events connected with the administration of opioid antagonists;
- (d). The importance of seeking emergency medical assistance for a person experiencing an opioid-related drug overdose even after the administration of an opioid antagonist; and
- (e). Information concerning the provisions of NRS 639.____. (Good Samaritan Drug Overdose Act, Section 12).

2. Pursuant to NRS 639.____, a pharmacist shall, before furnishing an opioid antagonist pursuant to this section, complete a training program on the use of opioid antagonists. The program must include at least 1 hour of approved continuing education on the use of opioid antagonists.

Section 4. NAC 639.____. Reporting of certain information concerning an opioid antagonists. A pharmacist who furnishes an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose or to a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose shall keep a record of the opioid antagonist furnished and shall report to the Board annually on December 31, of each year, the:

1. Date an opioid antagonist was furnished;
2. Quantity of opioid antagonist furnished;
3. The location from which an opioid antagonist was furnished;
4. The name of the person to whom an opioid antagonist was furnished;
5. The name of the person at risk of experiencing an opioid-related drug overdose for whom an opioid antagonist was furnish;
6. The demographic information of the person at risk of experiencing an opioid-related drug overdose for whom an opioid antagonist was furnished, including, to the extent available, the person's age, gender and race;

Section 5. NAC 639.____. Maintenance of records.

1. Each record required to be made pursuant to NAC 639.____ to 639.____, inclusive, must be kept for at least 2 years by the pharmacist who furnished the opioid antagonist and the pharmacy or physician who possessed the opioid antagonist furnished.

2. Records required pursuant to this section may be maintained in an alternative data retention system, including, without limitation, a computer data processing system or direct imaging system, if:

(a) The records maintained in the alternative system contain all the information required for a written record; and

(b) The data processing system is capable of producing a printed copy of the record upon the request of the Board, its representative or any other authorized federal, state or local law enforcement or regulatory agency.

Section 6. NAC 639.____. Confidentiality of records.

1. All records made and maintained pursuant to NAC 639.____ are confidential and shall not be disclosed to the public except as expressly provided in this section.

2. A pharmacist shall provide adequate security to prevent unauthorized access to confidential records of furnished opioid antagonists. If confidential health information is not transmitted directly between a pharmacy and a physician, but is transmitted through a data communication device, the confidential health information must not be viewed or used by the operator of the data communication device unless the operator is specifically authorized to obtain confidential information pursuant to this subsection.

3. Except as otherwise provided in NRS 49.245, the confidential records of furnished opioid antagonists are privileged and may be released only to:

(a) The person at risk of experiencing an opioid-related drug overdose for whom the opioid antagonist was furnished or the authorized agent of the person;

(b) Physicians and other pharmacists, in the professional judgment of the pharmacist, such release is necessary to protect the health and well-being of the person;

(c) The Board or other federal, state or local agencies authorized by law to receive such information;

(d) A law enforcement agency engaged in the investigation of a suspected violation involving a controlled substance or dangerous drug;

(e) A person employed by any state agency that licenses a physician if such a person is engaged in the performance of his or her official duties; or

(f) An insurance carrier or other third party payor authorized by a patient to receive such information.

4. The provisions of this section must not be construed to affect or alter the provisions of NRS 49.215 to 49.245, inclusive, relating to the confidentiality of communications between a doctor and a patient.

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Proposed Regulation of the Nevada State Board of Pharmacy

Workshop September 2, 2015

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

A REGULATION relating to controlled substances; adding certain substances to the controlled substances listed in Schedule I; and providing other matters properly relating thereto.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-N-phenylacetamide);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or "LAAM");

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide;
1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-
phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-
phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-
piperidinyl]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;

Dimepheptanol;

Dimethylthiambutene;

Dioxaphetyl butyrate;

Dipipanone;

Ethylmethylthiambutene;

Etonitazene;

Etoxadine;

Furethidine;

Hydroxypethidine;

Ketobemidone;

Levomoramide;

Levophenacymorphan;

3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);

3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidyl]-N-phenylpropanamide);

Morpheridine;

MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);

Noracymethadol;

Norlevorphanol;

Normethadone;

Norpipanone;

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);

PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);

Phenadoxone;

Phenampromide;

Phenomorphane;

Phenoperidine;

Piritramide;

Proheptazine;

Properidine;

Propiram;

Racemoramide;

Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidiny]-propanamide);

Tilidine; or

Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;

Acetyldihydrocodeine;

Acetylfentanyl;

Benzylmorphine;

Codeine methylbromide;

Codeine-N-Oxide;

Cyprenorphine;

Desomorphine;

Dihydromorphine;

Drotebanol;

Etorphine (except hydrochloride salt);

Heroin;

Hydromorphenol;

Methyldesorphine;

Methyldihydromorphine;

Morphine methylbromide;

Morphine methylsulfonate;

Morphine-N-Oxide;

Myrophine;

Nicocodeine;

Nicomorphine;

Normorphine;

Pholcodine; or

Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

N-[(1S)-1-(aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide (some trade or other names: AB-CHMINACA)

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2-(4-Chloro-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-C);

1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole (some trade or other names: SR-18; BTM-8; RCS-8);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2-(2,5-Dimethoxy-4-ethylphenyl)ethanamine (some trade or other names: 2C-E);

~~2,5-dimethoxy-4-iodo-N-(methoxybenzyl)phenethylamine (some trade or other names: 25I-NBOMe, 25I-NB2OMe, 25I-NB3OMe, 25I-NB4OMe);~~

2-(2,5-Dimethoxy-4-methylphenyl)ethanamine (some trade or other names: 2C-D);

2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine (some trade or other names: 2C-N);

All 2,5-Dimethoxy-N-(2-methoxybenzyl) phenethylamine (NBOMe) derivatives (some trade or other names: 2C-X-NBOMe; N-benzylated phenethylamines; N-o-methoxybenzyl analogs; NBOMe; 25H-NBOMe; 25B-NBOMe; 25C-BOMe; 25D-NBOMe; 25E-NBOMe; 25I-NBOMe; 25N-NBOMe; 25P-NBOMe; 25T2-NBOMe; 25T4-NBOMe; 25T7-NBOMe)

2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine (some trade or other names: 2C-P);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

2-(2,5-Dimethoxyphenyl)ethanamine (some trade or other names: 2C-H);

3-[2-(Dimethylamino)ethyl]-1H-indol-4-yl acetate (some trade or other names: 4-acetoxy-N,N-dimethyltryptamine; 4-AcO-DMT; psilacetin; O-acetylpsilocin; 4-acetoxy-DMT)

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone (some trade or other names: (4-ethyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone; JWH-210);

2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-2);

[1-(5-fluoropentyl)-1H-indazol-3-yl](naphthalen-1-yl)methanone (some trade or other names: THJ-2201; 5-fluoro THJ 018; AM2201 indazole analog; fluorpentyl JWH 018 indazole);

[1-(5-fluoropentyl)-1H-indol-3-yl]-1-naphthalenyl-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(1-naphthoyl)indole; AM-2201);

[1-(5-fluoropentyl)-1H-indol-3-yl]-(2-iodophenyl)-methanone (some trade or other names: 1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole; AM-694);

(1-(5-fluoropentyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: XLR-11);

1-(5-fluoropentyl)-N-(tricyclo[3.3.1.1^{3,7}]dec-1-yl)-1H-indazole-3-carboxamide (some trade or other names: N-((3s,5s,7s)-adamantan-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide; APINACA 5-fluoropentyl analog; 5F-AKB48; 5-Fluoro-AKB48; 5F-APINACA; 5-Fluoro-APINACA)

1-(5-fluoropentyl)-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names: 1-(5-fluoropentyl)-1H-indole-3-carboxylic acid 8-quinolinyl ester; 5-Fluoro-PB-22; 5F-PB-22)

2-(4-Iodo-2,5-dimethoxyphenyl)ethanamine (some trade or other names: 2C-I);

2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine (some trade or other names: 2C-T-4);

1-hexyl-3-(1-naphthoyl)indole (some trade or other names: JWH-019);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

(4-methoxy-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-081);

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

(4-methyl-1-naphthalenyl)(1-pentyl-1H-indol-3-yl)-methanone (some trade or other names: JWH-122);

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: 1-pentyl-N-tricyclo[3.3.1.1^{3,7}]dec-1-yl-1H-indazole-3-carboxamide; APINACA; AKB48)

N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide (some trade or other names: AB-PINACA);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

2-(2-methoxyphenyl)-1-(1-pentylindol-3-yl)ethanone (some trade or other names: 1-(1-pentyl-1H-indol-3-yl)-2-(2-methoxyphenyl)-ethanone; 1-pentyl-3-(2-methoxyphenylacetyl)indole; JWH-250);

1-Pentyl-3-(2-chlorophenylacetyl)indole (some trade or other names: JWH-203);

1-Pentyl-3-(4-cholor-1-naphthoyl)indole (some trade or other names: JWH-398);

1-Pentyl-3-[(4-methoxy)-benzoyl]indole (some trade or other names: SR-19; BTM-4; RCS-4);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

(1-pentylindol-3-yl)-(2,2,3,3-tetramethylcyclopropyl)methanone (some trade or other names: UR-144);

1-pentyl-N-(tricyclo[3.3.1.1^{3,7}]dec-1-yl-1H-indole-3 carboxamide (some trade or other names: APICA; JWH-018 adamantyl carboxamide; 2NE1; SDB-001);

1-pentyl-8-quinolinyl ester-1H-indole-3-carboxylic acid (some trade or other names:

1- pentyl-1H-indole-3-carboxylic acid 8-quinolinyl ester; PB-22; QUPIC)

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole;

3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT; *N,N*-DMT; *N,N*-

Dimethyltryptamine);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-

phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-

fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine);

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-

butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-

methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-

MeOPP, 3-MeOPP, 4-MeOPP);

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-

trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora*

williamsii Lemaire, whether growing or not, the seeds thereof, any extract from any

part of such plant, and every compound, manufacture, salts, derivative, mixture, or

preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-

phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

Salvinorin A (some trade or other names: Divinorin A; Methyl

(2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-

dioxododecahydro-2H-benzo[f]isochromene-7-carboxylate);

~~Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or~~

~~in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and~~

~~their isomers with similar chemical structure and pharmacological activity such as the~~

~~following:~~

~~Delta-1 cis or trans tetrahydrocannabinol, and their optical isomers;~~

~~Delta 6-cis or trans-tetrahydrocannabinol, and their optical isomers;~~
~~Delta 3,4-cis or trans-tetrahydrocannabinol, and its optical isomers;~~
~~since nomenclature of these substances is not internationally standardized,~~
~~compounds of these structures, regardless of numerical designation of atomic~~
~~positions covered);~~

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); or

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-
cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP).

Trifluoromethylphenylpiperazine (some trade or other names: 1-(3-
trifluoromethylphenyl)piperazine; 3-trifluoromethylphenylpiperazine; TFMPP)

➔ For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiophenone, alpha-pyrrolidinovalerophenone);

Aminorex;

Butylone (some trade or other names: β -keto-N-methylbenzodioxolylpropylamine, bk-MBDB;

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

Dimethylone (some trade or other names: 3,4-methylenedioxy-N,N-dimethylcathinone; N,N-dimethyl MDCATH; N,N-dimethyl-3,4-methylenedioxycathinone; N,N-dimethyl- β -keto-3,4-methylenedioxyamphetamine; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)propan-1-one; bk-MDDMA)

Ethylone (some trade or other names: N-ethyl-3,4-methylenedioxycathinone; 1-(1,3-benzodioxol-5-yl)-2-(ethylamino)propan-1-one; MDEC; bk-MDEA)

Fenethylamine;

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA);

Fluoromethcathinone (some trade or other names: 4-Fluoromethcathinone (Flephedrone) and 3-Fluoromethcathinone (3-FMC);

Mephedrone (some trade or other names: Methylnmethcathinone, 4-Methylnmethcathinone, 4-MMC, 4-Methylephedrone);

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

Methedrone (some trade or other names: Methoxymethcathinone, 4-Methoxymethcathinone, bk-PMMA, methoxyphedrine);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazoline);

Methylenedioxypropylvalerone (some trade or other names: 3,4-Methylenedioxypropylvalerone, MDPV);

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone);

Methylone (some trade or other names: Methylenedioxy-N-methylcathinone, Methylenedioxymethcathinone, 3,4-Methylenedioxy-N-methylcathinone, bk-MDMA);

N,N-dimethylamphetamine (commonly referred to as N,N-α-trimethylbenzeneethanamine; N,N-α-trimethylphenethylamine); or N-ethylamphetamine.

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

9. Unless specifically listed in another schedule Tetrahydrocannabinols (*natural or synthetic equivalents of the substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:*

Delta 9 cis or trans tetrahydrocannabinol, and their optical isomers, also known as;

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 8 cis or trans tetrahydrocannabinol, and their optical isomers, also known as;

Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

Tetrahydrocannabinols contained in the genus Cannabis or in the resinous extractives of the genus

Cannabis; or Synthetic equivalents of tetrahydrocannabinol substances or synthetic

substances, derivatives and their isomers with a similar chemical structure.

since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered).

10. Unless specifically listed in another schedule Phytocannabinoid (natural or synthetic equivalents of the substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Cannabidiol).

11. Unless specifically listed in another schedule Concentrated Cannabis as defined in NRS 207.335 (natural or synthetic equivalents of the substances contained in the plant, or in the resinous extractives of Cannabis, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity).

Section 27.5 of this bill allows a medical marijuana establishment to transport medical marijuana or enter into a contract with a third party to transport medical marijuana to another medical marijuana establishment or between the buildings of the medical marijuana establishment.

Existing law provides certain acts for which the holder of a registry identification card is not exempt from state prosecution for certain offenses relating to marijuana. (NRS 453A.300) Section 23 provides that such a person is not exempt from state prosecution for possessing marijuana or paraphernalia on school property.

The Nevada Constitution requires the Legislature to provide by law for protection of the plant of the genus *Cannabis* for medical purposes and property related to its use from forfeiture except upon conviction or plea of guilty or nolo contendere. (Nev. Const. Art. 4 § 38) Existing law requires a district attorney of the county in which marijuana, drug paraphernalia or other related property was seized, or the district attorney's designee, to make a determination that a person is engaging in or assisting in the medical use of marijuana under certain circumstances. (NRS 453A.400) Section 31 removes the requirement to make such a determination and instead requires law enforcement to return any usable marijuana, marijuana plants, drug paraphernalia and other related property that was seized upon: (1) a decision not to prosecute; (2) the dismissal of the charges; or (3) acquittal.

Section 34 also provides that the Division shall not disclose the contents of any tool used by the Division to evaluate an applicant or affiliate or certain other information regarding an applicant or affiliate.

Section 35 of this bill authorizes the Division to issue a registry identification card rather than requiring that the card be prepared by the Department of Motor Vehicles. Section 35 further provides that the Division will issue a letter of approval to a qualified person and authorizes a fee for providing an application and processing a letter of approval in the same amount as for a registry identification card.

Existing law does not require an employer to modify the job or working conditions of an employee who engages in the medical use of marijuana, but does require that an employer must attempt to make reasonable accommodations for the employee under certain circumstances. (NRS 453A.800) Section 36 of this bill provides that a law enforcement agency is not prohibited from adopting policies or procedures that preclude an employee from engaging in the medical use of marijuana.

EXPLANATION - Matter in ***bolded italics*** is new, matter between brackets ~~is material to be omitted~~ is material to be omitted

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. NRS 207.335 is hereby amended to read as follows:
207.335 1. It is unlawful for any person to ~~counterfeit~~:

(a) ***Counterfeit*** or forge or attempt to counterfeit or forge a registry identification card ~~or~~ ***letter of approval***; or

(b) ***Have in his or her possession with the intent to use any counterfeit or forged registry identification card or letter of approval.***

2. Any person who violates the provisions of subsection 1 is guilty of a category E felony and shall be punished as provided in NRS 193.130.

3. As used in this section ~~the "registry"~~:

(a) *"Letter of approval" has the meaning ascribed to it in section 12 of this act.*

(b) *"Registry identification card" has the meaning ascribed to it in NRS 453A.140.*

Sec. 1.1. Chapter 453 of NRS is hereby amended by adding thereto the provisions set forth as sections 1.2 to 1.5, inclusive, of this act.

Sec. 1.2. *"CBD" means cannabidiol, which is a primary phytocannabinoid compound found in marijuana.*

Sec. 1.3. *"Concentrated cannabis" means the extracted or separated resin, whether crude or purified, containing THC or CBD from marijuana.*

Sec. 1.4. *"Extraction" means the process or act of extracting THC or CBD from marijuana, including, without limitation, pushing, pulling or drawing out THC or CBD from marijuana.*

Sec. 1.5. *"THC" means:*

1. *Delta-9-tetrahydrocannabinol;*
2. *Delta-8-tetrahydrocannabinol; and*
3. *The optical isomers of such substances.*

Sec. 1.6. NRS 453.016 is hereby amended to read as follows:

453.016 As used in this chapter, the words and terms defined in NRS 453.021 to 453.141, inclusive, **and sections 1.2 to 1.5, inclusive, of this act** have the meanings ascribed to them in those sections except in instances where the context clearly indicates a different meaning.

Sec. 2. NRS 453.096 is hereby amended to read as follows:

453.096 1. "Marijuana" means:

(a) All parts of any plant of the genus Cannabis, whether growing or not;

(b) The seeds thereof;

(c) The resin extracted from any part of the plant ~~it~~, **including concentrated cannabis**; and

(d) Every compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or resin.

2. "Marijuana" does not include the mature stems of the plant, fiber produced from the stems, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture or preparation of the mature stems (except the resin

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Proposed Regulation of the Nevada State Board of Pharmacy

Workshop September 2, 2015

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: §1, NRS 639.070

A REGULATION relating to controlled substances; adding certain substances to the controlled substances listed in Schedule IV; and providing other matters properly relating thereto.

Section 1. NAC 453.540 is hereby amended to read as follows:

NAC 453.540 Schedule IV.

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-propionoxybutane).

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;
Lorcaserin;
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.

This site is best viewed at 1280 x 1024 resolution. [Close](#)



BELVIQ®
(lorcaserin HCl) CIV

- [Important Safety Information](#)
- [Full Product Information](#)
- [For Healthcare Professionals](#)

BELVIQ®
(lorcaserin HCl) CIV

- [Why BELVIQ®?](#)
 - [Proven Results](#)
 - [How BELVIQ® Works](#)
 - [First-Class Support Program](#)
- [Is BELVIQ® Right For You?](#)
 - [Prescription Weight Loss](#)
 - [Talk to Your Doctor](#)
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[Already on BELVIQ®?](#)

[If you have commercial insurance or pay cash for your prescriptions and are not enrolled in government healthcare programs, you can save on your co-pay each month.*](#)

[Register now](#)

[*Other restrictions apply](#)

Important Safety Information

- **Pregnancy:** Do not take BELVIQ if you are pregnant or planning to become pregnant, as weight loss offers no potential benefit during pregnancy and BELVIQ may harm your unborn baby.
- **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions:** Before using BELVIQ, tell your doctor about all the medicines you take, especially medicines that treat depression, migraines, mental problems, or the common cold. These medicines may cause serious or life-threatening side effects if taken with BELVIQ. Call your doctor right away if you experience agitation, hallucinations, confusion, or other changes in mental status; coordination problems; uncontrolled muscle spasms; muscle twitching; restlessness; racing or fast heartbeat; high or low blood pressure; sweating; fever; nausea; vomiting; diarrhea; or stiff muscles.
- **Valvular heart disease:** Some people taking medicines like BELVIQ have had heart valve problems. Call your doctor right away if you experience trouble breathing; swelling of the arms, legs, ankles, or feet; dizziness, fatigue, or weakness that will not go away; or fast or irregular heartbeat. Before taking BELVIQ, tell your doctor if you have or have had heart problems.
- **Changes in attention or memory:** BELVIQ may slow your thinking. You should not drive a car or operate heavy equipment until you know how BELVIQ affects you.
- **Mental problems:** Taking too much BELVIQ may cause hallucinations, a feeling of being high or in a very good mood, or feelings of standing outside your body.
- **Depression or thoughts of suicide:** Call your doctor right away if you notice any mental changes, especially sudden changes in your mood, behaviors, thoughts, or feelings, or if you have depression or thoughts of suicide.
- **Low blood sugar:** Weight loss can cause low blood sugar in people taking medicines for type 2 diabetes, such as insulin or sulfonylureas. Blood sugar levels should be checked before and while taking BELVIQ. Changes to diabetes medication may be needed if low blood sugar develops.
- **Painful erections:** If you have an erection lasting more than 4 hours while on BELVIQ, stop taking BELVIQ and call your doctor or go to the nearest emergency room right away.
- **Slow heartbeat:** BELVIQ may cause your heart to beat slower.
- **Decreases in blood cell count:** BELVIQ may cause your red and white blood cell counts to decrease.
- **Increase in prolactin:** BELVIQ may increase the amount of a hormone called prolactin. Tell your doctor if your breasts begin to make milk or a milky fluid, or if you are a male and your breasts increase in size.

What is BELVIQ®?

BELVIQ® is an FDA-approved prescription weight-loss medication that, when used with diet and exercise, can help some overweight (Body Mass Index [BMI] ≥ 27 kg/m²) adults with a weight-related medical problem, or obese (BMI ≥ 30 kg/m²) adults, lose weight and keep it off.

It is not known if BELVIQ when taken with other prescription, over-the-counter, or herbal weight-loss products is safe and effective. It is not known if BELVIQ changes your risk of heart problems, stroke, or death due to heart problems or stroke.

- Most common side effects in patients without diabetes: Headache, dizziness, fatigue, nausea, dry mouth, and constipation.
- Most common side effects in patients with diabetes: Low blood sugar, headache, back pain, cough, and fatigue.
- Nursing: BELVIQ should not be taken while breastfeeding.
- Drug interactions: Before taking BELVIQ, tell your doctor if you take medicines for depression, migraines, or other medical conditions, such as: triptans; medicines used to treat mood, anxiety, psychotic or thought disorders, including tricyclics, lithium, selective serotonin reuptake inhibitors, selective serotonin-norepinephrine reuptake inhibitors, monoamine oxidase inhibitors, or antipsychotics; cabergoline; linezolid (an antibiotic); tramadol; dextromethorphan (an over-the-counter (OTC) common cold/cough medicine); OTC supplements such as tryptophan or St. John's Wort; or erectile dysfunction medicines.

BELVIQ is a federally controlled substance (CIV) because it may be abused or lead to drug dependence.

For more information about BELVIQ®, talk to your doctor and see the full [Product Information](#).

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

- [Why BELVIQ®?](#)
 - [Proven Results](#)
 - [How BELVIQ® Works](#)
 - [First-Class Support Program](#)
- [Is BELVIQ® Right For You?](#)
 - [Prescription Weight Loss](#)
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 - [Safety Information](#)
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BELVIQ® is a registered trademark and Power Over Portion™ is a trademark of Arena Pharmaceuticals GmbH, BELIEVE EVERYDAY SUPPORT™ is a servicemark of Eisai Inc. *EatingWell*® is a registered trademark of Meredith Corporation, Lose It!® is a registered trademark of FitNow, Inc. d/b/a "Lose It!"

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[Free 15 Days](#)

[Other Restrictions Apply](#)

[Register Now](#)



[Talk to Your Doctor](#)

Talk to your doctor about losing weight and learn if BELVIQ® is right for you. Our discussion guide can help.

[Get the Guide](#)



[BELIEVE EVERYDAY SUPPORT™](#)

Get started with the BELIEVE EVERYDAY SUPPORT™ program—offering a Lose It! activity tracker app, healthy recipes, a 28-day meal planner, and more!

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: Ace Pharmacy Inc. DBA Choice LV Specialty Pharmacy

Physical Address: 7915 W. Sahara Ave., Suite 103, Las Vegas, NV 89117

Mailing Address: 8550 W. Desert Inn Rd., Suite 102, #270

City: Las Vegas State: NV Zip Code: 89117

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

Toll Free Number: TBD

E-mail: DrJz33@hotmail.com Website: TBD

Managing Pharmacist: Jonathan Tang License Number: Pending

Hours of Operation:

Monday thru Friday	<u>9:30</u> am <u>6:00</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>No</u>

TYPE OF PHARMACY

SERVICES PROVIDED

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

89377

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

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

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

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

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

Anna L. Yamamoto
Original Signature of Person Authorized to Submit Application, no copies or stamps

Anna L. Yamamoto
Print Name of Authorized Person

07/03/15
Date

Board Use Only

Received: 8/10/15 Amount: \$500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: N/A
Corporation Name: Ace Pharmacy Inc.
Mailing Address: 8550 W. Desert Inn Rd., Suite 102, #270
City: Las Vegas State: NV Zip: 89117
Telephone: (310) 543-1111 Fax: (310) 543-1114
Contact Person: Jonathan Yamamoto

For any corporation non publicly traded, disclose the following:

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

a)	Anna L. Yamamoto	8550 W. Desert Inn Rd., Suite 102, #270, Las Vegas, NV 89117
	Name	Address
b)	Jonathan J. Yamamoto	8550 W. Desert Inn Rd., Suite 102, #270, Las Vegas, NV 89117
	Name	Address
c)		N/A
	Name	Address
d)		N/A
	Name	Address

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

2) Provide the number of shares issued by the corporation. 1,000
3) What was the price paid per share? \$0.01
4) What date did the corporation actually receive the cash assets? April 30, 2015
5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

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

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

I, Anna L. Yamamoto

Responsible Person of ACE PHARMACY INC.

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

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

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

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


Original Signature, no stamps or copies

07/03/15
Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Jonathan Tang

License #: Pending

Pharmacy Name: Ace Pharmacy Inc.

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: <u>N/A</u>	Date: <u>N/A</u> Case #: <u>N/A</u>
And/or Criminal Action:	State: <u>N/A</u>	Date: <u>N/A</u> Case #: <u>N/A</u>
	County: <u>N/A</u>	Court: <u>N/A</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: CareKinesis, Inc.
Physical Address: 5303 Spine Road, Suite 100 Boulder, CO 80301-3330
Mailing Address: 5303 Spine Road, Suite 100
City: Boulder State: CO Zip Code: 80301-3330
Telephone: 888-974-2763 Fax: 303-530-1346
Toll Free Number: 888-974-2763 (Required per NAC 639.708)
E-mail: info@carekinesis.com Website: www.carekinesis.com
Managing Pharmacist: James M. Goers License Number: Colorado PDO.1680000028

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: _____

89116

****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:

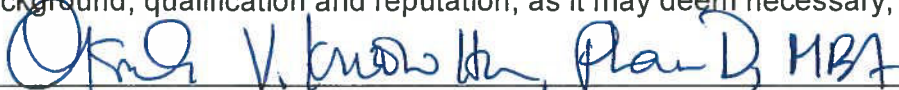
- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest,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

Orsula V. Knowlton

Print Name of Authorized Person

7/9/15

Date

Page 2

Board Use Only

Date Processed:

7-21-15

Amount:

\$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Tabula Rasa Healthcare, Inc.
Mailing Address: 110 marter Avenue, Suite 309
City: Moorestown State: NJ Zip: 08057-3124
Telephone: 888-974-2763 Fax: 856-273-0135
Contact Person: Richard B. Greene info@carekinesis.com

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
- | | | | |
|----|--------------------------------------|---------------------------------|------------------------|
| a) | Originate Growth Fund #1 Q, L.P. | 205 Webster St. | Bethlehem, PA 18015 |
| | Name | Address | |
| b) | Radius Venture Partners III QP, L.P. | 400 Madison Avenue, 8th Floor | New York, NY 10017 |
| | Name | Address | |
| c) | Emerald Stage 2 Ventures, L.P. | 4801 S. Broad Street, Suite 200 | Philadelphia, PA 19112 |
| | Name | Address | |
| d) | Originate Growth Fund #1 A, L.P. | 205 Webster St. | Bethlehem, PA 18015 |
| | Name | Address | |
- 2) Provide the number of shares issued by the corporation. 27,000,000
- 3) What was the price paid per share? varied
- 4) What date did the corporation actually receive the cash assets? June 30, 2014
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: <u>Joseph B. Nyzio</u>	%: <u>0.653%</u>
Name: <u>Maria & Arnaud Bastien</u>	%: <u>0.026%</u>
<u>Praveen Gollapudi & Rinu Jacob</u>	<u>0.095%</u>

Hours of Operation for the pharmacy:

Monday thru Friday	<u>8:30</u> am <u>5:00</u> pm	Saturday	<u>On-call</u> 24/7/365
			<u>am</u> <u>pm</u>
Sunday	<u>On-call</u> 24/7/365	24 Hours	<u>On-call</u> 24/7/365
	<u>am</u> <u>pm</u>		

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, Orsula V. Knowlton
Responsible Person of CareKinesis, Inc.

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

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

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

Orsula V. Knowlton Ph.D, MBA
Original Signature of Person Authorized to Submit Application, no copies or stamps

Orsula V. Knowlton
Print Name of Authorized Person

7/8/15
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF COLORADO)
) ss.
BOULDER COUNTY)

I, James M. Goers, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-In-Charge for CareKinesis, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

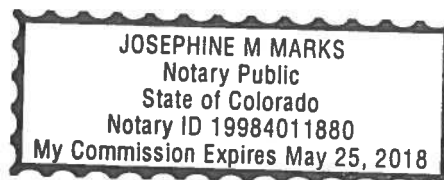
FURTHER AFFIANT SAYETH NOT.

I, James M. Goers, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
14 day of JULY, 2015.

Josephine M Marks
NOTARY PUBLIC

James M. Goers
Name





704 East Main Street, Suite K, Moorestown, NJ 08057 * 888.974.2763 Fax: 856.273.0135

CareKinesis Actions

On January 15, 2015, the Alabama Board of Pharmacy filed a reciprocal disciplinary action stemming from an action taken by the Colorado Board of Pharmacy. The original Colorado action was cooperatively and fully-resolved by Stipulation on October 9, 2013. Based on similar, cooperative discussions with the Alabama Board of Pharmacy, a Consent Order was entered on April 9, 2015, fully-resolving Alabama's reciprocal action.

In September 2014, the New Jersey State Board of Pharmacy cited CareKinesis pharmacy for a few team members who were not wearing nametags and three generic prescription labels were missing brand name information. A fine was paid and the corrective action included nametags being required for all team members and the generic prescription labeling technology error was fixed the next day.

In March 2013, CareKinesis received notification from the Colorado Board of Pharmacy of a concern of floor stock provided to a PACE program. The board viewed the floor stock as distributing drugs without patient specific orders. After discussing this with the Board and being advised that it considered this practice to be impermissible, the issue was resolved by stipulation and payment of a fine, and the matter now is concluded.

CareKinesis, Inc.

Richard B. Greene, PharmD, MBA, FASCP
Sr. Director of Regulatory Affairs



704 East Main Street | Suite K | Moorestown, NJ 08057 | 888.974.2763

**In the Matter of CareKinesis, Inc.
Alabama Board of Pharmacy**

April 9, 2015

By way of background, CareKinesis, Inc., is a national medication management and distribution pharmacy that focuses on reducing medication-related risk while enhancing economic, clinical and humanistic outcomes. CareKinesis, Inc., is exclusively focused on the federal Program of All-Inclusive Care for the Elderly ("PACE"). As you may know, PACE provides comprehensive long-term services and supports to Medicaid and Medicare enrollees.

On January 15, 2015, the Alabama Board of Pharmacy filed a reciprocal disciplinary action stemming from an action taken by the Colorado Board of Pharmacy. The original Colorado action was cooperatively and fully-resolved by Stipulation on October 9, 2013. Based on similar, cooperative discussions with the Alabama Board of Pharmacy, a Consent Order was entered on April 9, 2015, fully-resolving Alabama's reciprocal action.

The history of the underlying Colorado matter, which gave rise to the Alabama matter, is summarized as follows:

On June 17, 2013, the Colorado Board of Pharmacy notified CareKinesis, Inc., it believed CareKinesis, Inc., was in violation of certain sections of the Colorado pharmacy statutes by distributing prescription drugs into Colorado without patient-specific orders. CareKinesis, Inc., did not at any time distribute prescription drugs to individual patients in Colorado without patient-specific orders. Rather, in connection with the PACE program, CareKinesis, Inc., sent a tiny fraction (less than 1%) of its total annual distributions as "floor stock" to PACE practitioners authorized by law to prescribe the drugs to their patients. CareKinesis, Inc., believed this practice to be permissible under the Colorado rules based on casual sales/distributions, but decided to resolve the matter in order to avoid the costs and burdens associated with litigation. Accordingly, the Colorado matter was quickly resolved and is fully-concluded.

Please feel free to contact me if you desire any further information regarding this matter.

Sincerely,
CareKinesis, Inc.

Richard B. Greene, PharmD, MBA, FASCP
Sr. Director Regulatory Affairs

IN THE MATTER OF:)	
	)	BEFORE THE ALABAMA STATE
CAREKINESIS, INC.	)	BOARD OF PHARMACY
)	
Non-Resident Pharmacy)	
Permit Number: 113728/201911)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against CareKinesis, Inc. which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and CareKinesis, Inc. through its counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The parties stipulate and agree that CareKinesis, Inc. denies the allegations of the Statement but further stipulate and agree for the purposes of this proceeding only, the Board would satisfy its required burden of proof to support the findings herein.

2. The Board finds that CareKinesis, Inc. violated Code of Alabama (1975), § 34-23-33(2) and 34-23-33(13) based upon the decision of the Colorado State Board of Pharmacy resulting in the entry of a Stipulation and Final Agency Order on October 29, 2013, as more particularly described in Counts One and Two of the Statement.

3. CareKinesis, Inc. shall pay an administrative fine in the amount of Five Thousand Dollars (\$5,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall

not be subject to discharge in bankruptcy nor shall either pharmacy attempt to discharge the same.

4. CareKinesis, Inc. expressly waive its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. CareKinesis, Inc. further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

5. By execution of this Consent Order, CareKinesis, Inc. hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

6. CareKinesis, Inc. acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against CareKinesis, Inc.'s permit, including, but not limited to revocation.

7. CareKinesis, Inc. acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same.

CareKinesis, Inc. acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 9th of April, 2015.

CAREKINESIS, INC.

BY:

 Calvin H. Knealton

ITS:

CEO

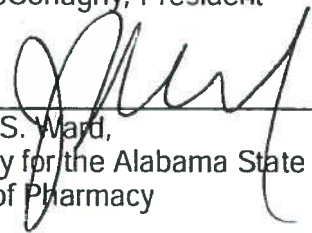

Joseph McHale, attorney for CareKinesis, Inc.

ALABAMA STATE BOARD OF PHARMACY

By:


Dan McConaghy, President

By:


James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:

WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

EXHIBIT A

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2013-546

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF CAREKINESIS, INC., REGISTRATION NO. OSP 5948,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and CareKinesis, Inc. ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2013-546, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2012).
2. Respondent Pharmacy was originally registered in the State of Colorado on or about April 15, 2011, being issued registration number OSP 5948, and has been so registered at all times relevant to this disciplinary action.
3. Respondent Pharmacy's address of record with the Board and current location is 704 East Main Street, Suite K, Moorestown, New Jersey 08057.
4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.
5. Between March 1, 2011 and March 1, 2013, Respondent Pharmacy distributed 116 prescription drugs and/or controlled substances into Colorado without prescription orders, to a practitioner authorized by law to prescribe the drugs. Respondent Pharmacy has informed the Board that it made these distributions on the good faith belief that they were authorized pursuant to sections 12-42.5-102 and 12-42.5-118(5)(a)(II), C.R.S.
6. Based upon information subsequently provided by the Board, Respondent Pharmacy now understands that the Board considers such distributions to constitute

DEC 29 2014

a violation of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(i) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-130. Nonresident prescription drug outlet--registration

(2) The registration requirements of this section apply only to a nonresident prescription drug outlet that only ships, mails, or delivers, in any manner, drugs and devices into this state pursuant to a prescription order.

12-42.5-303. Wholesaler license requirements

(1)(a) A wholesaler that resides in this state must be licensed by the board. A wholesaler that does not reside in this state must be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state. The board shall exempt a manufacturer and that manufacturer's third-party logistics providers to the extent involving that manufacturer's drugs under contract from any licensing qualifications and other requirements, including the requirements in subparagraphs (VI) and (VII) of paragraph (a) of subsection (3) of this section, subsections (4) to (6) of this section, and section 12-42.5-304, to the extent the requirements

DEC 29 2014

are not required by federal law or regulation, unless the particular requirements are deemed necessary and appropriate following rule-making by the board.

7. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

8. Fine with Surcharge. Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of Twenty Thousand Dollars and No Cents (\$20,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of Twenty-Two Thousand Dollars and No Cents (\$22,000.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be Included when Respondent Pharmacy submits this signed Final Agency Order to the Board.
9. Compliance. Respondent Pharmacy shall only dispense and deliver prescriptions into Colorado pursuant to valid, patient-specific prescription orders.
10. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:
- a. promptly pay all its own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.
11. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any willful violation of this Final Agency Order shall constitute a violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the

obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

12. Discharge. Discharge from the requirements of this Final Agency Order must be requested in writing by Respondent Pharmacy. The Board will consider any request for discharge during the ordinary course of business and may require independent verification prior to release. In any request for discharge it shall be Respondent Pharmacy's sole responsibility to establish, through written and other documentation, that Respondent Pharmacy has met all terms and conditions of this Final Agency Order. The requirements of this Final Agency Order shall continue until formally discharged by the Board or its designated authority.

13. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

- a. To have a formal notice of hearing and charges served upon it;
- b. To respond to said formal notice of charges;
- c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and
- d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

14. Acknowledgments. The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises, or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

15. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

DEC 29 2014

16. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
17. Board Order. This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.
18. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Michael Greenhalgh / COO
Authorized Representative / Title

Dated: 10/9/2013

Subscribed and sworn to before me in the County of Burlington
State of New Jersey, this 9 day of Oct, 2013
by Michael Greenhalgh, in his/her capacity
as an authorized agent of CareKinesis, Inc.

Maureen E. Vurgason
Notary Public

My commission expires:

1/13/2014

MAUREEN E. VURGASON
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 1/13/2014

From:

01/05/2015 09:19

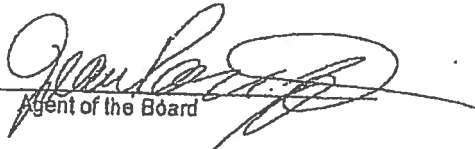
#211 P.022/034

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed STIPULATION AND FINAL AGENCY ORDER upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 27th day of October 2013, addressed as follows:

CareKinesis, Inc.
Attn: Michael Greenhalgh
704 East Main Street, Suite K
Moorestown, NJ 08057

Joel W. Cantrick, Esq.
Jones & Keller, PC
1999 Broadway, Suite 3150
Denver, CO 80202


Agent of the Board

DEC 29 2014



704 East Main Street, Suite K, Moorestown, NJ 08057 * 888.974.2763 Fax: 856.273.0135

New Jersey State Board of Pharmacy
Inspection of CareKinesis, Inc. July 23, 2014

The New Jersey State Board of Pharmacy cited CareKinesis NJ pharmacy for a few team members who were not wearing nametags and three generic prescription labels were missing brand name information. A \$1,000 fine was paid and the corrective action included nametags being required for all team members and the generic prescription labeling technology error was fix the next day.

A Letter of Corrective Action was provided to the New Jersey State Board of Pharmacy in response to the September 3, 2014 letter from the board notifying CareKinesis, Inc. of a violation of N.J.A.C13:39-6.3 based upon the July 24, 2013 inspection report #8-6047-13-X.

By way of general background, CareKinesis, Inc. is a national medication management and distribution pharmacy that focuses on reducing medication-related risk while enhancing economic, clinical, and humanistic outcomes. CareKinesis, Inc. is focused on the Program of All-inclusive Care for the Elderly ("PACE") program. As you may know, PACE is a federal program, which provides comprehensive long-term services and supports to Medicaid and Medicare enrollees.

CareKinesis, Inc. is a closed shop pharmacy, which is not open to the public. However, as pointed out by the inspector, CareKinesis, Inc. does hold a Retail New Jersey pharmacy license. At the time of the inspection, it was noted not all team members were having identification tags. The inspector informed us even though we are a closed shop; the identification tags are still required. A corrective action was immediately put into place requiring identification tags for all team members.

During the same inspection, a few prescription labels were identified not containing the Brand name of the generic equivalent. Upon immediate investigation, it was determined to be due to a technology issue and was corrected the next day.

In conclusion, CareKinesis, Inc. immediately corrected the violation cited from the inspection and paid the penalty as requested by the board.

Please feel free to contact us if you desire any further information regarding this matter.

Sincerely,
CareKinesis, Inc.

Richard B. Greene, PharmD, MBA
Sr. Director Regulatory Affairs



704 East Main Street, Suite K, Moorestown, NJ 08057 * 888.974.2763 Fax: 856.273.0135

September 26, 2014

New Jersey Board of Pharmacy
124 Halsey Street
6th Floor
Newark, NJ 07102
973-504-6450

Letter of Corrective Action: CareKinesis, Inc. License: 28RS00705500

New Jersey State Board of Pharmacy,

This Letter of Corrective Action is to provide the New Jersey State Board of Pharmacy a response to the September 3, 2014 letter from the board notifying CareKinesis, Inc. of a violation of N.J.A.C13:39-6.3 based upon the July 24, 2013 inspection report #8-6047-13-X.

By way of general background, CareKinesis, Inc. is a national medication management and distribution pharmacy that focuses on reducing medication-related risk while enhancing economic, clinical, and humanistic outcomes. CareKinesis, Inc. is focused on the Program of All-inclusive Care for the Elderly ("PACE"). As you may know, PACE is a federal program, which provides comprehensive long-term services and supports to Medicaid and Medicare enrollees.

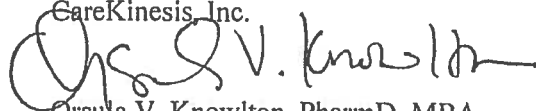
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During the same inspection, a few generic prescriptions did not include the brand equivalent on the label. Upon immediate investigation, it was determined to be due to a technology issue and was corrected the next day.

In conclusion, CareKinesis, Inc. immediately corrected the violation cited from the inspection and is paying the penalty as requested by the board.

Please feel free to contact me with any additional questions or concerns.

Sincerely,
CareKinesis, Inc.


Orsula V. Knowlton, PharmD, MBA
President

CERTIFICATION

I, Orsula V. Knowlton, hereby acknowledge that I have read and reviewed the Board's letter dated September 3, 2014 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

☒ I acknowledge the conduct which has been charged and agree to:

1. Cease and desist in engaging in the conduct alleged and pay a penalty in the amount of \$1,000.00 (to be paid upon signing of this certification).
2. Send a Letter of Corrective Action, as requested by the Board, with this certification.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents.

☐ I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

☐ I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board, testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this certification are public documents.

Orsula V. Knowlton

(Signature)

Dated: 9/26/14

Orsula V. Knowlton

(Print Name)

Ref: Orsula Knowlton, RPIC
CareKinesis, Inc.
704 East Main Street, Suite K
Moorestown, New Jersey 08057
(28RS00705500)
Inspection Report #8-6047-13-X

AR/rh
(8/14)



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102



JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

September 3, 2014

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

Orsula Knowlton, RPIC
CareKinesis, Inc.
704 East Main Street, Suite K
Moorestown, New Jersey 08057

Re: Inspection Report #8-6047-13-X
Date of Inspection: July 24, 2013

Dear Ms. Knowlton:

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on **Attachment A**.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation for disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

**PAY A PENALTY IN THE AMOUNT OF \$1,000.00 and
PROVIDE TO THE BOARD A LETTER OF CORRECTIVE
ACTION.** (To be paid immediately upon your signing of the
attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making

its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification **MUST** be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

By: 

Anthony-Rubinaccio, RP
Executive Director

AR/rh
(8/14)

ATTACHMENT A

14. CareKinesis, Inc. - 704 East Main Street, Suite K, Moorestown, New Jersey 08057

Pharmacist-In-Charge: Orsula Knowlton

Bureau File #8-6047-13-X, Period: 7/24/13

Reference: Board of Pharmacy inspection conducted per N.J.S.A.45:1-18 and N.J.S.A.45:14-48(a)11&12.

Details

CITE	DESCRIPTION	FINE
N.J.A.C.13:39-7.12(a)3	On three (3) prescription file records reviewed, the generic names for the brand products were not displayed on the labeling.	Warning
N.J.A.C.13:39-6.3	Not all personnel in the pharmacy dispensing area were wearing identification tags.	\$1,000.00
TOTAL: \$1,000.00		



704 East Main Street, Suite K, Moorestown, NJ 08057 * 888.974.2763 Fax: 856.273.0135

Re: **CareKinesis, Inc.**
Disclosure re Disciplinary Action

To Whom It May Concern:

In 2013, a pharmacy owned by CareKinesis, Inc. (CareKinesis, Inc.: New Jersey License: 28RS00705500) was involved in a Colorado Board of Pharmacy proceeding, and this is a letter of explanation regarding that proceeding.

By way of general background, CareKinesis, Inc. is a national medication management and distribution pharmacy that focuses on reducing medication-related risk while enhancing economic, clinical, and humanistic outcomes. CareKinesis, Inc. is focused on the Program of All-inclusive Care for the Elderly ("PACE") program. As you may know, PACE is a federal program, which provides comprehensive long-term services and supports to Medicaid and Medicare enrollees. CareKinesis, Inc. has a licensed pharmacy located in New Jersey that holds a non-resident pharmacy permit in Colorado to service partner PACE organizations.

On March 5, 2013, the Colorado State Board of Pharmacy sent CareKinesis, Inc. (CareKinesis, Inc.: New Jersey License: 28RS00705500) a letter requesting information regarding our distributions of prescription drugs into Colorado. This letter resulted from a Board review of distributions into Colorado of all registered, nonresident pharmacies. The letter said a complaint had been initiated against CareKinesis, Inc. (New Jersey) because we had failed to respond to an earlier Board letter on the subject. However, CareKinesis, Inc. never received the earlier letter. In any event, upon receipt of the Board's March 5th letter, CareKinesis, Inc. promptly responded and sent the Board the requested information.

On June 17, 2013, the Board notified CareKinesis, Inc. that it believed we were violation of certain sections of the Colorado pharmacy statutes by distributing prescription drugs into Colorado without patient-specific orders. We did not at any time distribute prescription drugs to individual patients in Colorado without patient-specific orders. Rather, in connection with our participation in the PACE program, we sent a tiny fraction (less than 1%) of our total annual distributions as "floor stock" to PACE practitioners authorized by law to prescribe the drugs to their patients. We believed this practice to be permissible under the Colorado rules on casual sales/distributions.

After further discussion with the Board and being advised that it considered this practice to be impermissible, we resolved the matter by stipulation and payment of a fine, and the matter now is concluded. The stipulation and order is attached here for your reference.

Please feel free to contact us if you desire any further information regarding this matter.

Sincerely,
CareKinesis, Inc.

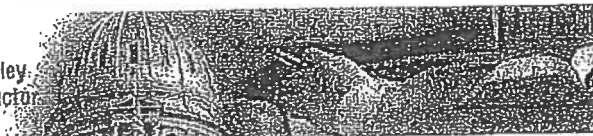
A handwritten signature in black ink, appearing to read 'Richard B. Greene', is written over the typed name.

Richard B. Greene, PharmD, MBA
Sr. Director Regulatory Affairs



DORA
Department of Regulatory Agencies

Barbara J. Kelley
Executive Director



Lookup Detail View

Name and Address

Name	Public Address
CareKinesis, Inc	704 E Main St Ste K Moorestown, NJ 08057

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
OSP.0005948	Original	Prescription Drug Outlet- Out-of-State	Active	04/15/2011	11/01/2012	10/31/2014

Board/Program Actions

Case Number	Public Action	Resolution	Effective Date	Completed Date
2013-546	Stipulation	Stipulation	10/29/2013	11/13/2013

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BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2013-546

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF CAREKINESIS, INC., REGISTRATION NO. OSP 5948,

Respondent Pharmacy .

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and CareKinesis, Inc. ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2013-546, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2012).
2. Respondent Pharmacy was originally registered in the State of Colorado on or about April 15, 2011, being issued registration number OSP 5948, and has been so registered at all times relevant to this disciplinary action.
3. Respondent Pharmacy's address of record with the Board and current location is 704 East Main Street, Suite K, Moorestown, New Jersey 08057.
4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.
5. Between March 1, 2011 and March 1, 2013, Respondent Pharmacy distributed 116 prescription drugs and/or controlled substances into Colorado without prescription orders, to a practitioner authorized by law to prescribe the drugs. Respondent Pharmacy has informed the Board that it made these distributions on the good faith belief that they were authorized pursuant to sections 12-42.5-102 and 12-42.5-118(5)(a)(II), C.R.S.
6. Based upon information subsequently provided by the Board, Respondent Pharmacy now understands that the Board considers such distributions to constitute

a violation of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-130. Nonresident prescription drug outlet--registration

(2) The registration requirements of this section apply only to a nonresident prescription drug outlet that only ships, mails, or delivers, in any manner, drugs and devices into this state pursuant to a prescription order.

12-42.5-303. Wholesaler license requirements

(1)(a) A wholesaler that resides in this state must be licensed by the board. A wholesaler that does not reside in this state must be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state. The board shall exempt a manufacturer and that manufacturer's third-party logistics providers to the extent involving that manufacturer's drugs under contract from any licensing qualifications and other requirements, including the requirements in subparagraphs (VI) and (VII) of paragraph (a) of subsection (3) of this section, subsections (4) to (6) of this section, and section 12-42.5-304, to the extent the requirements

are not required by federal law or regulation, unless the particular requirements are deemed necessary and appropriate following rule-making by the board.

7. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

8. Fine with Surcharge. Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of Twenty Thousand Dollars and No Cents (\$20,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of Twenty-Two Thousand Dollars and No Cents (\$22,000.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.
9. Compliance. Respondent Pharmacy shall only dispense and deliver prescriptions into Colorado pursuant to valid, patient-specific prescription orders.
10. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:
 - a. promptly pay all its own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.
11. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any willful violation of this Final Agency Order shall constitute a violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the

obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

12. Discharge. Discharge from the requirements of this Final Agency Order must be requested in writing by Respondent Pharmacy. The Board will consider any request for discharge during the ordinary course of business and may require independent verification prior to release. In any request for discharge it shall be Respondent Pharmacy's sole responsibility to establish, through written and other documentation, that Respondent Pharmacy has met all terms and conditions of this Final Agency Order. The requirements of this Final Agency Order shall continue until formally discharged by the Board or its designated authority.

13. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

- a. To have a formal notice of hearing and charges served upon it;
- b. To respond to said formal notice of charges;
- c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and
- d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

14. Acknowledgments. The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises, or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

15. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

16. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. Board Order. This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

18. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Michael Greenhalgh / COO
Authorized Representative / Title

Dated: 10/9/2013

Subscribed and sworn to before me in the County of Burlington,
State of New Jersey, this 9 day of Oct, 2013
by Michael Greenhalgh, in his/her capacity
as an authorized agent of CareKinesis, Inc.

Maureen E. Vurgason
Notary Public

My commission expires:

1/13/2014

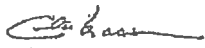
MAUREEN E. VURGASON
NOTARY PUBLIC OF NEW JERSEY
Commission Expires 1/13/2014

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 29th day of October, 2013.

State Board of Pharmacy

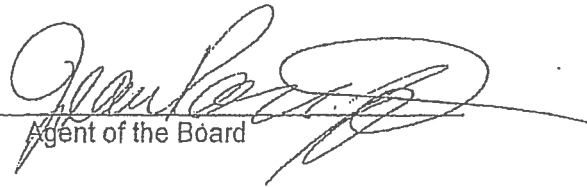
BY: 
Chris Gassen
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed STIPULATION AND FINAL AGENCY ORDER upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 29th day of October 2013, addressed as follows:

CareKinesis, Inc.
Attn: Michael Greenhalgh
704 East Main Street, Suite K
Moorestown, NJ 08057

Joel W. Cantrick, Esq.
Jones & Keller, PC
1999 Broadway, Suite 3150
Denver, CO 80202


Agent of the Board

REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal regulations require registrants to submit a detailed report of any theft or loss of controlled substances to the Drug Enforcement Administration. This form is filled out consistent with your entries in the fields on the previous pages. You should print this form and save it for your records. This form was submitted through the Internet, please do NOT send a copy to DEA.

OMB
APPROVAL
No. 1117-0001

1. Name and Address of Registrant SAFeway PHARMACY #1537 212 ELKS POINT DRIVE PO BOX 11111 ZEPHYR COVE, NV 89448		2. Phone No. When Submitted	Amendment Key / Date Submitted 3J89EXIOOY45 / 08-05-2015 14:21:05
3. DEA Registration Number BS5664013	4. Date of Theft / Loss Aug 02, 2015 Amendment # 0	5. Registrant's Principal Business CHAIN PHARMACY	
6. Registrant's County DOUGLAS	7. Theft Reported to Police? No	8. Name and Phone of Police Dept.	
9. Number of Thefts / Losses Registrant Has Experienced in Past 24 Months? 0		10. Type of Theft / Loss Other - Unknown	
11. Killed / Injured Due to Armed Robbery	12. (Purchase) Value of Controlled Substances \$28.00	13. Pharmaceuticals or Merchandise Taken? No	
14. The following applies when Type of Theft / Loss (Box 10) is "Lost In Transit":			
A. Name of Common Carrier	B. Name of Consignee	C. Consignee's DEA Registration Number	
D. Did the Customer Receive the Carton?	E. Was Carton Tampered With?	F. Theft or Loss From This Same Carrier in the Past	
15. What identifying marks, symbols or price codes were on the labels of these containers that would assist in identifying them?			
16. Numbers of Official Controlled Substances Order Forms (DEA-222)			
17. What security measures have been taken to prevent future theft / loss? Back counting.			
18. Comments			
19. Filler Name, Title, Phone: Mikel Ashby, Pharmacist (775)586-1089			

The following is a list of the controlled substances that were lost or stolen:

NDC Number	Trade Name	Dosage Str.	Quantity Lost/Stolen
00378912298	FENTANYL 50 MCG/HR PATCH	50 MCG/HOUR	5 EA

Print

Close

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 02714
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: CareKinesis, Inc.

Physical Address: 704 E. Main Street, Suite K Moorestown, NJ 08057-3071

Mailing Address: 704 E. Main Street, Suite K

City: Moorestown State: NJ Zip Code: 08057-3071

Telephone: 888-974-2763 Fax: 856-273-0135

Toll Free Number: 888-974-2763 (Required per NAC 639.708)

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

Managing Pharmacist: Michael Greenhalgh License Number: 28RS00705500

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,**

57008

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

Orsula V. Knowlton

Print Name of Authorized Person

7/8/15
Date

Page 2

Board Use Only

Date Processed: 7-21-15

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Tabula Rasa Healthcare, Inc.
Mailing Address: 110 Marter Avenue, Suite 309
City: Moorestown State: NJ Zip: 08057-3124
Telephone: 888-974-2763 Fax: 856-273-0135
Contact Person: Richard B. Greene info@carekinesis.com

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
 - a) Originate Growth Fund #1 Q, L.P. 205 Webster St. Bethlehem, PA 18015
Name Address
 - b) Radius Venture Partners III QP, L.P. 400 Madison Avenue, 8th Floor New York, NY 10017
Name Address
 - c) Emerald Stage2 Ventures, L.P. 4801 S. Broad Street, Suite 200 Philadelphia, PA 19112
Name Address
 - d) Originate Growth Fund #1 A, L.P. 205 Webster St. Bethlehem, PA 18015
Name Address
- 2) Provide the number of shares issued by the corporation. 27,000,000
- 3) What was the price paid per share? varied
- 4) What date did the corporation actually receive the cash assets? June 30, 2014
- 5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: Joseph B. Nyzio %: 0.653%
Name: Maria & Arnaud Bastien %: 0.026%
Praveen Gollapudi & Rinu Jacob 0.095%

Hours of Operation for the pharmacy:

Monday thru Friday	<u>8:30</u> am <u>5:00</u> pm	Saturday	<u>On-call 24/7/365</u> <u>am</u> <u>pm</u>
Sunday	<u>On-call 24/7/365</u> <u>am</u> <u>pm</u>	24 Hours	<u>On-call 24/7/365</u>

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, Orsula V. Knowlton
Responsible Person of CareKinesis, Inc.

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

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

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

Orsula V. Knowlton PharmD, MBA

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

Orsula V. Knowlton

Print Name of Authorized Person

7/8/15

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF New Jersey)
) ss.
Burlington COUNTY)

I, Michael Greenhalgh, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist-In-Charge for CareKinesis, Inc. (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out-of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Michael Greenhalgh, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
10th day of July, 2015.

Maureen E. Vurgason
NOTARY PUBLIC

MAUREEN E. VURGASON
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 3/25/2019



Dora

Department of Regulatory Agencies

**Division of Professions
and Occupations**
Lauren Larson
Director

Office of Support Services
Heather Perdue
Director

John Hickenlooper
Governor

Barbara J. Kelley
Executive
Director

July 10, 2015

CareKinesis, Inc.
110 Marter Ave., Suite 309
Moorestown, NJ 08057-3124

LICENSE VERIFICATION

CareKinesis, Inc.

Profession: Prescription Drug Outlet- In-State

Original Date of Issue: 03/26/2013

License number: PDO.1680000028

Basis of: Original

License Status: Active

Expiration date: 10/31/2016

Authority Type:

Board or Program action(s): NO

Colorado requires a passing score of at least 75 on the licensure exam prior to issuing a license to a Pharmacist. If there is board or program action(s) against this licensee and you need additional information, please send a written request to the Board at the address below or email DORA_Pharmacy@State.co.us. Or, you can view Registrations Online Documents (ROD) at www.dora.state.co.us/doraimages. This online system makes certain scanned documents related to actions taken on all Colorado licensees available to the public via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000, plus any that became effective since that date, are among the documents that are now available.

If there is board or program action(s) against this licensee and you need additional information, please send a written request to the Board at the address below. You can view Registrations Online Documents (ROD) at www.dora.state.co.us/doraimages. This online system makes certain scanned documents related to actions taken on all Colorado licensees available to the public via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000, plus any that became effective since that date, are among the documents that are now available.

For future reference, you may verify the status of a license at any time through ALISON, the Automated Licensure System Online, at <http://www.dora.state.co.us/registrations>.

FOR THE COLORADO BOARD OF PHARMACY

Janelle Camacho

Customer Support Representative

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

X State University / 501 (C) (3) (EIN) 87-6000525, see attached W-9, see State License Attached.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Molecular Imaging Radiopharmacy

Physical Address: Huntsman Cancer Institute, 2000 Circle of Hope A710

Mailing Address: Huntsman Cancer Institute, 2000 Circle of Hope A710

City: Salt Lake City State: Utah Zip Code: 84112

Telephone: 801-581-8401 Fax: 801-585-1731

Toll Free Number: (Required per NAC 639.708)

E-mail: james.miles@hci.utah.edu Website:

Managing Pharmacist: James Miles License Number: Utah: 5856310-1701

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☐ ☒ Retail
☐ ☒ Hospital (# beds _____)
☐ ☒ Internet
☒ ☐ Nuclear Pharmacy - Class B
☐ ☒ Ambulatory Surgery Center
☐ ☒ Community
☒ ☐ Other: Pharmacy - Class C Mfg.

X FDA Registered Mfg. Facility.

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: Out of State Courier from

Pharmacy to Hospital of Sterile Compounded Radiopharmaceuticals.

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

892165

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

James Richard Miles, Nuclear Pharmacist, PharmD.

Print Name of Authorized Person

May 15, 2015

Date

Page 2

Board Use Only

Date Processed: 8/4/15

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION — Body Politic and Corporate of the State of Utah

State of Incorporation: _____
Parent Company if any: State of Utah
Corporation Name: University of Utah
Mailing Address: 201 Presidents Circle
City: Salt Lake City State: Utah Zip: 84112
Telephone: 801-585-9494 Fax: _____
Contact Person: Scott Lloyd, Senior Director, Finance & Administration.

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: Founded: February 28, 1850
Registration number issued: TIN: 87-6000525
Stock Exchange: _____

Hours of Operation for the pharmacy:

Monday thru Friday 4 am 12 Noon 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: _____

Must be included with the application for a publicly traded corporation

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

List of officers and directors.

Must be included with the application for a non publicly traded corporation

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

List of officers and directors

Certificate of Good Standing for the Molecular Imaging Radiopharmacy

I, Scott S. Lloyd, Senior Director of Finance & Administration
(Print Name of Authorized Person) (Print Title) Huntsman Cancer Institute

Responsible Person of the Huntsman Cancer Institute, an Institution within the University of Utah, a body politic and corporate of the State of Utah, acknowledge the Molecular Imaging Radiopharmacy as an entity within and pertaining to The Huntsman Cancer Institute. As an entity of the State that is reviewed and approved by the legislative body of the State of Utah, the University of Utah and its Molecular Imaging Radiopharmacy are in Good Standing with the State of Utah.

Scott Lloyd, 7/22/15
(Original Signature, no copies or stamps) (Date)

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Scott Lloyd

Responsible Person of Huntsman Cancer Institute At University of Utah

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

Scott Lloyd

Print Name of Authorized Person

7/22/15
Date

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: The Pharmacy at Middtown

Physical Address: 1800 McFarland Blvd East, Suite 334

Mailing Address: _____

City: Tuscaloosa State: AL Zip Code: 35404

Telephone: (205) 752-0627 Fax: (205) 752-0624

Toll Free Number: (844) 736-3279 (Required per NAC 639.708)

E-mail: t.j.thomas@rxmedpro.com Website: None

Managing Pharmacist: Harold L. Thomas, Jr. License Number: 144121

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,**

88984

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.

D. Thomas Ph
Original Signature of Person Authorized to Submit Application, no copies or stamps

Harold L. Thomas, Jr., PharmD
Print Name of Authorized Person

6/29/15
Date

Page 2

Board Use Only

Date Processed: 7/21/15

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Alabama

Parent Company if any: _____

Mailing Address: 1800 M. Furland Blvd East Suite 334

City: Tuscaloosa State: AL Zip: 35404

Telephone: (205) 752-0627 Fax: (205) 752-0624

Contact Person: Harold Thomas Jr.

For any corporation non publicly traded, disclose the following:

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

a) Timothy Wright 1301 Greystone Drive, Tuscaloosa, AL 35406
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 2000

3) What was the price paid per share? 1.00 per value - 1st

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

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

List any physician shareholders and percentage of ownership.

Name: NONE %: 0

Name: NONE %: 0

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 6 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: _____

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: The Pharmacy at Midtown
Address: 1800 McFarland Blvd East Suite 334
City: Tuscaloosa State: AL Zip: 35404
I hereby authorize the Alabama State 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
109676	Active	3-4-93	12-31-16

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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Has applicant met all licensing requirements of your state? (If no, please explain) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Signature of State Official	Title	State	Date	State Seal
Rhonda Coker	Licensing Supervisor	AL	7-2-15	

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Harold L. Thomas, Jr.

Responsible Person of The Pharmacy at Midtown

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

Harold L. Thomas, Jr., PharmD
Print Name of Authorized Person

6/29/15
Date

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:

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

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

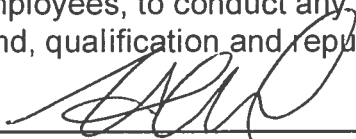
This page must be submitted for all types of ownership.

- 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:

Name	Title	% Ownership
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

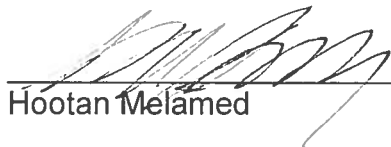
2. Denial of Pharmacy Permit - Concierge Compounding Pharmaceuticals, Inc.

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

A handwritten signature in blue ink that reads "Barbera Schleicher". The signature is written in a cursive style with a large loop at the end.

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922
Barbera.Schleicher@dca.ca.gov

2016 BOARD MEETING DATES

January 13-14, 2016	Las Vegas
March 2-3, 2016	Reno
April 13-14, 2016	Las Vegas
June 8-9, 2016	Reno
July 20-21, 2016	Las Vegas
September 7-8, 2016	Reno
October 12-13, 2016	Las Vegas
December 7-8, 2016	Reno

Calendar for 2016					
JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S
1 2	1 2 3 4 5 6	1 2 3 4 5	1 2	1 2 3 4 5 6 7	1 2 3 4
3 4 5 6 7 8 9	7 8 9 10 11 12 13	6 7 8 9 10 11 12	3 4 5 6 7 8 9	8 9 10 11 12 13 14	5 6 7 8 9 10 11
10 11 12 13 14 15 16	14 15 16 17 18 19 20	13 14 15 16 17 18 19	10 11 12 13 14 15 16	15 16 17 18 19 20 21	12 13 14 15 16 17 18
17 18 19 20 21 22 23	21 22 23 24 25 26 27	20 21 22 23 24 25 26	17 18 19 20 21 22 23	22 23 24 25 26 27 28	19 20 21 22 23 24 25
24 25 26 27 28 29 30	28 29	27 28 29 30 31	24 25 26 27 28 29 30	29 30 31	26 27 28 29 30
31					
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S	S M T W T F S
1 2	1 2 3 4 5 6	1 2 3	1	1 2 3 4 5	1 2 3
3 4 5 6 7 8 9	7 8 9 10 11 12 13	4 5 6 7 8 9 10	2 3 4 5 6 7 8	6 7 8 9 10 11 12	4 5 6 7 8 9 10
10 11 12 13 14 15 16	14 15 16 17 18 19 20	11 12 13 14 15 16 17	9 10 11 12 13 14 15	13 14 15 16 17 18 19	11 12 13 14 15 16 17
17 18 19 20 21 22 23	21 22 23 24 25 26 27	18 19 20 21 22 23 24	16 17 18 19 20 21 22	20 21 22 23 24 25 26	18 19 20 21 22 23 24
24 25 26 27 28 29 30	28 29 30 31	25 26 27 28 29 30	23 24 25 26 27 28 29	27 28 29 30	25 26 27 28 29 30 31
31			30 31		

ANNUAL MEETINGS

APhA Annual Meeting	March 4-7, 2016	Baltimore, MD
NACDS Annual Meeting	April 16-19, 2016	Palm Beach, FL
NABP Annual Meeting	May 14-17, 2016	San Diego, CA
ASHP Summer Meeting	June 11-15, 2016	Baltimore, MD
NASCSA Annual Meeting	October 18-21, 2016	New Orleans, LA
ASHP Mid Year Meeting	December 4-8, 2016	Las Vegas, NV
NABP District 8 Meeting	?	

STATE HOLIDAYS

New Years Day	January 1, 2016
Martin Luther King's Birthday	January 18, 2016
President's Birthday	February 15, 2016
Memorial Day	May 30, 2016
Independence Day	July 4, 2016
Labor Day	September 5, 2016
Nevada Day	October 28, 2016
Veteran's Day	November 11, 2016
Thanksgiving	November 24-25, 2016
Christmas	December 26, 2016

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639.753 Decline to Fill	04/09/12	04/25/12	R069-12	04/24/13	04/25/13	06/13/13	06/18/13	10/04/13
639.710 Delivery of Prescription Drugs	06/13/13	06/18/13	R014-13	08/01/13	09/17/13	10/17/13	11/05/13	12/23/13
453.510 Schedule I	06/13/13	06/18/13	R015-13	06/28/13	08/01/13	09/05/13	09/06/13	10/23/13
639.050 Destruction of Certain CS Drugs	06/13/13	06/18/13	R016-13	08/01/13	09/17/13	10/17/13	11/05/13	12/23/13
639.926 Transmission of CS Information	09/05/13	10/03/13	R096-13	11/05/13	12/17/13	01/23/14	02/14/14	03/28/14
453. New Sale/Tracking of Methamphetamine Precursors	09/05/13	10/03/13	R097-13	11/05/13	12/17/13	01/23/14	02/14/14	03/28/14
639. New Telemedicine, Electronic Refill Log	09/05/13	10/03/13	R098-13	11/05/13	12/17/13	01/23/14	02/14/14	03/28/14
639.7425 Dispensing Technician – Law CE Requirement	09/05/13	09/25/13	R087-13	11/19/13	12/17/13	01/23/14	02/14/14	03/28/14
639.748 ID Requirement to Obtain CS	09/05/13 10/17/13 12/05/13	01/29/14 05/08/14 to LCB for review 06/23/14 to LCB for review	R014-14	03/13/14 06/23/14 03/02/15	03/18/14 03/10/15	04/16/15	05/13/2015	06/26/15
639.262 Intern Hours	09/05/13	09/25/13	R088-13	11/25/13	12/17/13	01/23/14	02/14/14	03/28/14
639 APRN	10/17/13	10/31/13	R118-13	12/05/13	12/17/13	01/23/14	02/14/14	03/28/14
639.7105 Electronic Submission of Prescriptions	10/17/13	10/31/13	R119-13	12/02/13	12/17/13	01/23/14	02/14/14	03/28/14
453.510 Schedule I – Adding certain controlled substances.	01/23/14	01/29/14	R015-14	03/13/14	03/18/14	04/17/14	06/21/14	10/24/24
453.530 Schedule III – Ketamine	01/23/14	01/29/14	R016-14	02/19/14	03/18/14	04/17/14	06/21/14	10/24/14

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
453.450 Schedule IV - Tramadol	07/24/14	08/13/14	R133-14	08/21/14	09/16/14	10/16/14	03/03/15	06/26/15
639.67** Compounding of Nasal Sprays	09/03/14 10/16/14	10/22/14	R140-14					
453.530 Schedule III - Hydrocodone	09/03/14	09/09/14	R137-14	10/22/14	10/23/14	12/03/14	12/12/14	12/22/14
453.520 Schedule II - Hydrocodone	09/03/14	09/09/14	R138-14	10/22/14	10/23/14	12/03/14	R138-14 included in R137-14	12/22/14
453.510 Schedule I – Adding certain controlled substances.	12/03/14	12/12/14	R142-14	07/31/15				
639.050 Storage & Destruction of Certain Drugs	01/22/15	02/17/15	R002-15	07/31/15				
639.498 Destruction of Controlled Substances								
639.6282 3PLs	01/22/15	02/17/15	R001-15	08/03/15				
639.6305 3PLs								
639.NEW Outsourcing Facilities	01/22/15	02/17/15	R003-15					
453.510 Schedule I – Adding certain controlled substances.	04/16/15	04/29/15	Added to R142-14					
453.540 Schedule IV - Suvorexant	04/16/15	04/29/15	R004-15	05/05/15	05/06/15	06/10/15	07/14/2015	
639.926 Transmission of CS Info	06/10/15	07/02/15	R047-15					

TEMPORARY LICENSES
(Issued since last board meeting)

Access Healthcare Staffing

Abidemi Adisa-Ajibowo

Mountainview Hospital

Oyshik Banerjee

Renown Regional Medical Center

Derek Gillespie

CVS/pharmacy #8793

Xuan Nghiem

Blank

1 - AGREE STRONGLY



5 - DISAGREE STRONGLY

Instructor: Larry Pinson Year: 2014-2015	
Question	Average Score
1. Adequately oriented me to the practice site.	1.00
2. Clearly identified the goals of the session, the performance expectations, and the approach to evaluation.	1.00
3. Appropriately oriented me to each new activity and/or experiences.	1.00
Completion of Objectives.	
1. The practice site provided sufficient opportunity for me to meet all of the core experience objectives.	1.00
2. The practice site provided sufficient opportunity for me to meet all of the site-specific objectives.	1.00
3. Resources were readily available on site to complete the objectives.	1.00
4. The instructor was sufficiently present and/or accessible to facilitate attainment of the objectives.	1.00
5. Estimated number of hours per week spent in direct contact with instructor.	32.00
Fostering Independent Practice -- My Instructor:	
1. Demonstrated the integration of didactic knowledge into practice.	1.00
2. Provided sufficient experience opportunities to foster my independence.	1.00
As a Mentor -- My Instructor:	
1. Regularly and in a timely manner informed me of my overall progress.	1.00
2. Was able to recognize my areas of weakness.	1.00
3. Was aware and could interpret my concerns and frustrations.	1.00
4. Could suggest useful mechanisms to enhance my strengths and fortify areas of weakness.	1.00
5. Served in a manner I would emulate given a similar position and environment.	1.00
Overall -- My Instructor:	

1. Motivated me to do my best work.	1.00
2. Was able to assist in my career development.	1.00

Site Strengths

- - Staff is very supportive and helpful - all staff are very competent - had all available resources to make my time during rotation a wonderful learning experience

Site Weaknesses

- - I don't recall any weaknesses

Preceptor Strengths

- - Extremely knowledgeable regarding all aspects of the pharmacy profession - Wealth of experience lends insight to much going on within the profession - willingness to answer questions, explain reasoning was a huge plus

Preceptor Weaknesses

- - None!

Site Enhancements

- Overall, it was one of the most beneficial and informative rotations that I experienced. I have nothing but positive things to say about this rotation. I believe it to be one of the most valuable opportunities of all the rotations.

From: NACDS e-ssential <essential@nacdsessential.org>
To: RX2005 <RX2005@AOL.COM>
Subject: DEA Announces 10th Prescription Drug Take-Back Day
Date: Thu, Jul 30, 2015 9:24 am

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July 30, 2015

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Top of the News

DEA Announces 10th Prescription Drug Take-Back Day

The Drug Enforcement Agency's tenth National Prescription Drug Take-Back Day, an initiative designed to foster the safe disposal of expired or unwanted prescription drugs, will take place **Sept. 26** in communities nationwide. "Prescription drug abuse is a huge problem and this is a great opportunity for folks around the country to help reduce the threat," said acting DEA administrator Chuck Rosenberg. DEA Press Release



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The Pharmacy

One in Three Older Americans Meet ADA Treatment Targets

Only one in three older American adults meet the American Diabetes Association's (ADA) treatment guidelines concerning cholesterol, blood pressure and blood glucose. Lead study author Christina M. Parrinello believes pharmacists can play a vital role in helping older patients manage diabetes. Pharmacy Times

Pharmaceuticals

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Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JULY 22-23, 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 July, 2015 Board meeting.

Licensing Activity:

- 6 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 28 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies.
- 9 licenses were granted for Out-of-State wholesalers.
- 3 licenses were granted for Nevada MDEG companies.
- 3 licenses were granted for Nevada pharmacies.
- 3 licenses were granted for Nevada wholesalers.
- Pharmacist JA was granted a reciprocal license pending successful passing of the Nevada law exam.
- Dentist AL was denied a controlled substance registration for past violations with his licensing board.
- Several applications were tabled at the request of the applicants.

Disciplinary Actions:

- The Board formally accepted the voluntary surrender of pharmacist MS's license to practice pharmacy for misfilling a prescription for a 5 year old child causing patient harm. Pharmacy WM was fined \$1000 and ordered to complete a staff training on drug utilization review in all of their southern Nevada pharmacies.
- Pharmaceutical technician VJ was ordered a letter of reprimand; CE on ethics; 1 year probation and to attend the next three Las Vegas Board meetings for working some 150 days without a license.
- Pharmaceutical technician AC was ordered a public letter of reprimand; to attend the October Board of Pharmacy meeting in October in Las Vegas; and to make up her law CE for failure to complete that law CE as required by regulation.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements; reports on national meetings; and collaboration with other state agencies.
- The annual staff review was conducted, and the budget for fiscal year 2015-2016 was presented and approved.

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