

**Timesheet for Brett Kandt –**

**VIDUR S. MAHADEVA, MD, Certificate of Registration No. CS11174 - Case No. 20-111-CS-N**

<b>DATE</b>	<b>TIME</b>	
8/4/2020	1.50	Review DEA Suspension of Registration No. BM7876800, confer with staff, draft and send Notice of Suspension of Certificate of Registration No. CS11174.
8/6/2020	2.25	Confer with staff; draft and file Notice of Intended Action and Accusation in Case No. 20-111-CS-N.
10/28/2020	1.25	Confer with opposing counsel regarding appeal of DEA suspension; review Answer and Notice of Defense; correspondence to C. Hebert regarding continuance of hearing in Case No. 20-111-CS-N.
11/17/2020	0.75	Confer with staff regarding joint inspection with DEA of Mahadeva's practice.
11/20/2020	0.50	Conference call with staff and C. Hebert regarding joint inspection with DEA of Mahadeva's practice.
11/25/2020	0.25	Conference call with staff and C. Hebert regarding client and consultant communicating directly with Board staff.
2/9/2021	1.25	Review DEA 104 Surrender for Cause of Registration No. BM7876800; confer with staff; correspondence to C. Hebert notifying rescheduling hearing in Case No. 20-111-CS-N for March 3.
2/16/2021	0.75	Prepare documents for hearing in Case 20-111-CS-N.
2/16/2021	0.50	Send courtesy copies to C. Hebert of the notice of hearing for March 3 and the bate-stamped documents for entry into the record in Case No. 20-111-CS-N; confer with staff regarding service of same.
2/26/2021	1.25	Prepare for hearing in Case 20-111-CS-N; draft proposed order; confer with C. Hebert.

3/2/2021 0.50

Prepare for hearing in Case 20-111-CS-N; confer with C. Hebert.

3/3/2021 0.25

Review notice from C. Hebert regarding document and witness disclosures for hearing in Case 20-111-CS-N; confer with C. Hebert and stipulate to continuance on record.

3/9/2021 4.25

Confer with staff and review investigation file; review expert report from Diane Chau, MD; draft and file First Amended Notice of Intended Action and Accusation in Case No. 20-111-CS-N.

3/26/2021 1.25

Prepare for hearing in Case 20-111-CS-N; revise proposed order; provide bate-stamped documents for entry into the record, proposed photographic evidence, and documentation of attorney's fees and costs in Case No. 20-111-CS-N to C. Hebert.

5/24/2021 1.25

Prepare for hearing in Case 20-111-CS-N; provide bate-stamped documents for entry into the record, proposed photographic evidence, and updated documentation of attorney's fees and costs in Case No. 20-111-CS-N to C. Hebert.

6/2/2021 \_\_\_\_\_

Hearing in Case 20-111-CS-N.

**TOTAL 17.75 hours x \$65.00/hour = \$1,153.75**

Dena McClish

Time Log for Board v. Mahadeva Case 20-111-CS

<b>Date</b>	<b>Hours</b>	<b>Activity</b>
11/4/19	.5	PMP prescribe reports, initial referral from Med Board
6/25/20	.25	Provided info to Joe D in Reno
8/4/20	.25	Emails from dEA and to Reno re DEA registration

**Total Hours**      **1**

**Rate**              **46.41**

**Total Costs**    **46.41**

Monica Segedy

Time Log for Board v. Vidur Mahadeva Case 20-111-CS-N

<b>Date</b>	<b>Hours</b>	<b>Activity</b>
02/17/2020	45min	Served Accusation Notice, Sparks, NV

Total Hours .75

Rate 50.00

**Total Costs 37.50**

Shirley Hunting

Time Log for Board v. Vidur Mahadeva Case 20-111-CS-N

<b>Date</b>	<b>Hours</b>	<b>Activity</b>
09/08/2020	1.0	Prepared Notice of Intended Action and Accusation, Statement to the Respondent and Notice of Hearing for filing/ mailing.
03/10/2021	1.0	Prepared and filed First Amended Notice of Intended Action and Accusation.

**Total Hours** 2.0

**Rate** 77.54

**Total Costs** 77.54

**Timesheet for Kristopher Mangosing –**

**VIDUR S. MAHADEVA, MD, Certificate of Registration No. CS11174 - Case No. 20-111-CS-N**

**DATE**                      **TIME**

2/17/21                      0.25

Prepare Board Meeting material

3/5/2021                      0.25

Prepare documents for case file/ Prepare Board Meeting materials

5/20/2021                      0.25

Prepare documents for case file/ Prepare Board Meeting materials

**TOTAL 0.75 hours x \$31.86/hour = \$23.90**

**Timesheet for Yen Long –**

**VIDUR S. MAHADEVA, MD, Certificate of Registration No. CS11174 - Case No. 20-111-CS-N**

<b>DATE</b>	<b>TIME</b>
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11/17/2020	4.00
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Joint inspection with DEA, drafting of Investigative Report, discussion of investigation with staff.

3/9/2021	0.75
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Discussion with staff regarding case.

3/10/2021	0.25
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Review, sign and file and file First Amended Notice of Intended Action and Accusation.

**TOTAL 5 hours x \$65/hour = \$325**

**Timesheet for Dave Wuest –**

**VIDUR S. MAHADEVA, MD, Certificate of Registration No. CS11174 - Case No. 20-111-CS-N**

**DATE**                      **TIME**

8/6/2020                      0.25

Confer with staff; review, sign and file Notice of Intended Action and Accusation.

11/17/2020                      4.00

Joint inspection with DEA, drafting of Investigative Report, discussion of investigation with staff.

3/9/2021                      0.50

Discussion with staff regarding case.

3/10/2021                      0.25

Review, sign and file and file First Amended Notice of Intended Action and Accusation.

**TOTAL 5 hours x \$65/hour = \$325**



Michael F. Bohn, Esq.  
Adam Trippiedi, Esq.  
Nikoll Nikci, Esq.

**LAW OFFICES OF  
MICHAEL F. BOHN, ESQ., LTD.**  
2260 Corporate Circle, Suite 480  
Henderson, Nevada 89074

(702) 642-3113  
(702) 642-9766 facsimile  
mbohn@bohnlawfirm.com

Via Certified Mail

May 24, 2021

Nevada State Board of Pharmacy  
985 Damonte Ranch Pkwy # 206  
Reno, NV 89521

Attention: Brett Kandt

Re: Rafael Mirchou  
Case No. 19-107-S

Dear Mr. Kandt:

My client, Rafael Mirchou, withdraws his appeal in case number 19-107-S and requests that the matter scheduled for hearing on June 3, 2021 be taken off calendar.

My client will also be paying the fine within 30 days.

Very Truly Yours,

LAW OFFICES OF  
MICHAEL F. BOHN, ESQ., LTD.



MICHAEL F. BOHN, ESQ.

MFB/bmf

cc: client

HAL TAYLOR, ESQ.  
2551 W. Lakeridge Shores  
RENO, NV 89519  
TEL. (775) 825-2226 - HalTaylorLawyer@gbis.com

1 Hal Taylor, Esq.  
2 SBN: 4399  
3 2551 W. Lakeridge Shores.  
4 Reno, NV 89519  
5 Tel: (775) 825-2223  
6 Fax: (775) 329-1113  
7 Email: HalTaylorLawyer@gbis.com  
8 Attorney for SleepSafeSolutions LLC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

9 NEVADA STATE BOARD OF PHARMACY

Case No.: 20-131-S

10 Petitioner,

11 v.

12 SLEEPSAFESOLUTIONS LLC,

13 Respondent,  
14

15 **Respondent's Withdrawal of Appeal of Citation and**  
16 **Request for Hearing.**

17 Respondent, SleepSafeSolutions LLC, through Respondent's counsel, Hal  
18 Taylor, Esq., hereby withdraws its Appeal of the Citation in this matter ("Citation") and  
19 its Request for Hearing, and agrees to payment of the amount of the administrative fine  
20 under the Citation and any appropriate Board costs.

21 1. On or about October 29, 2020, SleepSafeSolutions LLC appealed the Citation  
22 issued in this matter and requested a hearing on its appeal. This appeal was timely  
23 filed. This hearing to currently set for June 2, 2021. The Citation provided for a  
24 \$5,000.00 administrative fine.

25 2. Having reviewed the matter fully with counsel, SleepSafeSolutions LLC  
26 hereby withdraws its Appeal of the Citation, and its Request for Hearing.

27 3. SleepSafeSolutions LLC agrees to pay the Administrative Fine of \$5,000.00  
28 assessed under the Citation.

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3. SleepSafeSolutions LLC further agrees to pay any appropriate Board costs related to the Citation and SleepSafeSolutions LLC's Appeal of the Citation.

4. Payments will be made no later than June 11, 2021.

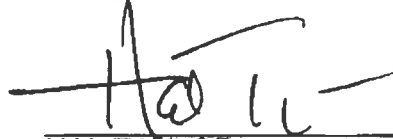
5. The undersigned attorney represents that he has full authority from his client to execute this Withdrawal of Appeal of Citation, and Request for Hearing, and to bind SleepSafeSolutions LLC thereby to its terms.

**AFFIRMATION PURSUANT TO NRS 239B.030**

By signature below, the undersigned affirms that the preceding document does not contain the social security number of any person.

Dated: May 31, 2021.

HAL TAYLOR, ESQ.  
2551 W. Lakeridge Shores  
Reno, Nevada 89519  
(775) 825-2223



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HAL TAYLOR  
Attorney for SleepSafeSolutions LLC.

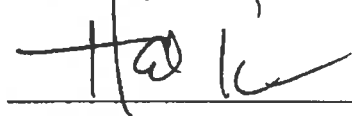
HAL TAYLOR, ESQ.  
2551 W. Lakeridge Shores  
RENO, NV 89519  
TEL. (775) 825-2225 - HalTaylorLawyer@gbis.com

1 **CERTIFICATE OF SERVICE**

2 Pursuant to NRCP 5(b), I certify that I am an employee of Hal Taylor, Attorney at  
3 Law, and that on this date, I electronically filed the foregoing Withdrawal of Appeal of  
4 Citation, and Request for Hearing with the Nevada State Board of Pharmacy by  
5 delivering the foregoing document by electronic means to the following:

6  
7 Brett Kandt  
8 General Counsel  
9 Nevada State Board of Pharmacy  
10 bkandt@pharmacy.nv.gov

11 Dated: May 31, 2021

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13 Hal Taylor, Esq.

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HAL TAYLOR, Esq.  
2551 W. Lakeridge Shores  
RENO, NV 89519  
TEL. (775) 825-2225 - HalTaylorLawyer@gbis.com

3495 S. Virginia

Reno, nv 89502

June 1st, 2021

To Nevada Board of pharmacy committee ,

I am writing this letter to offer my honest recommendation of Jody Sills as a pharmacy manager at walgreens pharmacy. I have been working with Jody for more than 3 years at Walgreens. She is reliable, hard working, and professional toward her peers and her customers.

As a worker/cashier, I found Jody to be careful, inquisitive, and incredibly sharp. She follows the protocols of the state laws and the company policies with little to no flaw. She never gets angry at work. She always shows up at work with a smile on her face and positive attitude that she is ready for any challenge of the day.

I strongly believe that Jody would be a great candidate to become a pharmacy technician base on my observations through many years of working with Jody. Im sure that you will find, as I have, that her cheerful, positive attitudes speak volumes for her drive to be an excellent pharmacy technician.

If you have any questions, please feel free to contact me at [REDACTED]

Sincerely,

Phuong Quynh Doan Rxm 04789

MONTANA  
PROFESSIONAL



ASSISTANCE  
PROGRAM

Michael Metzger, MD  
Medical Director

Michael J. Ramirez, MS  
Clinical Director

Megan C. McGauley, RN, BSN  
Clinical Coordinator

Cecilia Zinnikas, MHR  
Clinical Coordinator

Amber Roane  
Administrative Assistant

Board of Directors

David Carlson, MD

Nels Swandal, Esq.

Steve Mosby, DDS

Robert Bronecki, DDS

Tracy Rausch, MD

Cynthia Gary, PharmD., RPh.

Gus Varnavas, MD

Chris Mangen, Esq.

Kimberly VanDelinder, CPA

Jim Peak, MD

David Sampedro, RPh.

Tara Salley, PA-C

Kathy Julita, MD

Montana Professional  
Assistance Program,  
Inc.

3333 Second Ave. N.  
Suite 100  
Billings, MT 59101

406/245-4300  
Fax: 406/245-4432

April 6, 2021

CONFIDENTIAL – FURTHER DISCLOSURE PROHIBITED

Nevada State Board of Pharmacy  
985 Damon's Ranch Parkway  
Suite #206

Reno, Nevada 89521

SUBMITTED ELECTRONICALLY to [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov)

RE: Chester Wright, M.D., former MPAP Participant #260

Dear Board Members:

I have been asked by our former participant to provide clinical summary of his participation in the Montana Professional Assistance Program, Inc. I am happy to do so. Dr. Chester Wright completed satisfactorily the compulsory five-year period of continuing care monitoring with the Montana Professional Assistance Program, effective 6/2/2019. He participated in the confidential, non-disciplinary track of monitoring. Results of all random toxicology submitted by the participant during the period of observation were negative for prohibited substances. Reports from the monitoring network were favorable, without exception. He participated fully in our continuing care requirements.

The condition for which Dr. Wright was monitored was in stable, sustained full remission at the time of discharge from monitoring. Dr. Wright was discharged with staff approval. He was judged to be capable of continuing to practice medicine with reasonable safety at the time of discharge from monitoring.

Thank you for your consideration in this matter. Should you require further information or clarification regarding the status of our former participant, kindly so advise.

Sincerely,

  
Michael J. Ramirez, M.S.  
Clinical Director

PEER REVIEW/COMMUNICATION

This information is considered privileged and confidential in accordance with peer review statutes governing information from the Physician Assistance Program (Title 37, Chapter 3, Part 208, Montana Code Annotated). The proceedings and records of the program created by the board pursuant to 37-3-203(1)(d), MCA relating to a physician who has received assistance from the program are considered to be proceedings and records of a professional standards review committee under 37-2-201, MCA and are not subject to discovery or introduction into evidence in any administrative or judicial proceeding, except that the proceedings and records of the program as they pertain to a physician are subject to discovery or introduction into evidence in a disciplinary proceeding before the board against the physician.



Lauren Paul, PharmD, MS | 200 Highland Corporate Drive | Woonsocket, RI 02895 | T: 540-604-3661

June 2, 2021

J. David Wuest R.Ph.  
Executive Secretary  
Nevada State Board of Pharmacy  
85 Damonte Ranch Pkwy Ste 206  
Reno, NV, 89521

**Re: Nevada Administrative Code (NAC) 639 Proposed Amendments**

Dear Executive Secretary Wuest,

I am writing to you in my capacity as Senior Director of Pharmacy Regulatory Affairs for CVS Health. CVS Health, the largest pharmacy health care provider in the United States, is uniquely positioned to provide diverse access points of care to patients in the state of Nevada through our integrated offerings across the spectrum of pharmacy care. CVS Health appreciates the opportunity to submit comments on the proposed amendments to Nevada Administrative Code Chapter 639 authorizing the dispensing of prescription drug to practitioners instead of the ultimate user of the drug. We would also like to thank the Board for their vigilance in continuously improving the laws and regulations that guide pharmacists, pharmacy interns and pharmacy technicians serving Nevada patients.

CVS Health has concerns with the proposed language only allowing the dispensing of prescription drugs to practitioners if the FDA has adopted a risk evaluation and mitigation strategy (REMS) for the drug. There are numerous drugs that may require prescriber administration, have complicated injection instructions, and/or have patient observation periods. Such drugs may also require unique handling and storage, thus rendering the dispensing of the drug directly to the ultimate user not appropriate. Some examples of prescription drugs that are not subject to a REMS program and their specific package insert information pertaining to indication, administration and storage are included below for your review.

- SYNVISIC<sup>®</sup> (highland G-F 20) and Synvisc-One<sup>®</sup> (hylan G-F 20) are indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics, e.g., acetaminophen.
  - SYNVISIC is **administered by intra-articular injection** once a week (one week apart) for a total of three injections. **Strict aseptic administration technique must be followed.**
    - Using an 18- to 22-gauge needle, **remove synovial fluid or effusion before each SYNVISIC injection.**
    - Do not use the same syringe for removing synovial fluid and for injecting SYNVISIC however the same 18- to 22-gauge needle should be used.
    - Twist the tip cap before pulling it off, as this will minimize product leakage.
    - To ensure a tight seal and prevent leakage during administration, secure the needle tightly while firmly holding the luer hub.<sup>1</sup>
- RhoGAM and MICRhoGAM are immune globulins indicated for use in preventing Rh immunization for many pregnancy related conditions. **Administered IM - As with all blood products, patients should be observed for at least 20 minutes following administration of RhoGAM or MICRhoGAM. Store at 2 to 8°C. Do not store frozen.**<sup>2</sup>

- NUCALA is an interleukin-5 (IL-5) antagonist monoclonal antibody (IgG1 kappa) indicated for add on treatment for severe asthma with eosinophilic phenotype, adults with eosinophilic eosinophilic granulomatosis with polyangiitis (EGPA) or treatment of adult and pediatric patients aged 12 years and older with hypereosinophilic syndrome (HES) for  $\geq 6$  months without an identifiable non-hematologic secondary cause. NUCALA injection is **intended for use under the guidance of a healthcare provider**. Prior to Dispensing: **Refrigerate prefilled autoinjectors and prefilled syringes at 36°F to 46°F (2°C to 8°C).**<sup>3</sup>
- Synagis is a respiratory syncytial virus (RSV) F protein inhibitor monoclonal antibody indicated for the prevention of serious lower respiratory tract disease caused by respiratory syncytial virus (RSV) in pediatric patients. Administration: Advise the patient's caregiver that **Synagis should be administered by a healthcare provider** once a month during the RSV season by intramuscular injection and the importance of compliance with the full course of therapy. Synagis should be **stored between 2°C and 8°C (36°F and 46°F)** in its original container. **DO NOT freeze. DO NOT use beyond the expiration date.**<sup>4</sup>
- EYLEA is a vascular endothelial growth factor (VEGF) inhibitor indicated for the treatment of patients with Neovascular (Wet) Age-Related Macular Degeneration, Macular Edema Following Retinal Vein Occlusion (RVO), Diabetic Macular Edema (DME) or Diabetic Retinopathy. For ophthalmic intravitreal injection. **EYLEA must only be administered by a qualified physician. Refrigerate EYLEA at 2°C to 8°C (36°F to 46°F).** Do not freeze. Do not use beyond the date stamped on the carton and container label. Store in the original carton until time of use to protect from light. Do not open sealed blister tray until time of use.<sup>5</sup>
- THYROGEN® is a thyroid stimulating hormone indicated for:
  - Adjunctive Diagnostic Tool for Well-Differentiated Thyroid Cancer: Use as an adjunctive diagnostic tool for serum thyroglobulin (Tg) testing with or without radioiodine imaging in the follow-up of patients with well-differentiated thyroid cancer who have previously undergone thyroidectomy. Also used for adjunct for Thyroid Remnant Ablation in Well-Differentiated Thyroid Cancer: Use as an adjunctive treatment for radioiodine ablation of thyroid tissue remnants in patients who have undergone a near-total or total thyroidectomy for well differentiated thyroid cancer and who do not have evidence of distant metastatic thyroid cancer.
    - **THYROGEN should be prepared, and administered in the following manner:**
      - Reconstitute each 0.9 mg vial of THYROGEN with 1.2 mL of Sterile Water for Injection, USP to yield a single-dose solution containing 0.9 mg/mL of thyrotropin alfa that delivers 1 mL (0.9 mg).
      - Gently swirl the contents of the vial until all the material is dissolved. Do not shake the solution.
      - Visually inspect the reconstituted solution for particulate matter and discoloration prior to administration. The reconstituted THYROGEN solution should be clear and colorless. Do not use if the solution has particulate matter or is cloudy or discolored.
      - Withdraw 1 mL of the reconstituted THYROGEN solution (0.9 mg of thyrotropin alfa) and inject intramuscularly in the buttocks. Discard any unused portions.
      - The reconstituted THYROGEN solution must be injected within 3 hours unless refrigerated.
      - If necessary, the reconstituted solution can be stored refrigerated at a temperature between 2°C and 8°C (36°F to 46°F) for up to 24 hours, while avoiding microbial contamination.
      - Do not mix with other substances
    - **Store THYROGEN refrigerated at 2°C to 8°C (36°F to 46°F)** in the original carton to protect from light.<sup>6</sup>

These are just a few examples of prescription medications that are not subject to an FDA REMS program yet have additional criteria that would make sending the medication directly to the practitioner beneficial for the ultimate user. CVS Health requests that the Board remove the language specific to only allowing this practice for REMS





Lauren Paul, PharmD, MS | 200 Highland Corporate Drive | Woonsocket, RI 02895 | T: 540-604-3661

associated prescription drugs and allow the practitioner or ultimate user choice to have the medication dispensed to the practitioner on behalf of the ultimate user.

**Suggested Language**

1. A prescription for the dispensing of a drug to the ultimate user may instead be dispensed to a practitioner if:
- (a) ~~The United States Food and Drug Administration has adopted a risk evaluation and mitigation strategy for the drug pursuant to 21 U.S.C 335-1 that requires the drug to be administered only under the direct supervision of a provider of health care; and~~
  - (b) ~~The~~ practitioner is authorized by federal and state law to possess the drug.

Sincerely,

Lauren Paul, PharmD., MS  
Sr Director, Pharmacy Regulatory Affairs  
CVS Health

References:

1. Synvisc Prescribing Information. Available from: <https://products.sanofi.us/synvisc/synvisc.html> (Accessed May 24, 2021)
2. RhoGAM and MICRhoGAM Prescribing Information. Available from: [http://www.rhogam.com/clientuploads/2018-Rev\\_03\\_2019\\_-\\_for\\_Promotional\\_Use\\_Only\\_RH-0202-01-2019A.pdf](http://www.rhogam.com/clientuploads/2018-Rev_03_2019_-_for_Promotional_Use_Only_RH-0202-01-2019A.pdf) (Accessed May 24, 2021)
3. Nucala Prescribing Information. Available from: [https://gskpro.com/content/dam/global/hcpportal/en\\_US/Prescribing\\_Information/Nucala/pdf/NUCALA-PI-PIL-IFU-COMBINED.PDF](https://gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Nucala/pdf/NUCALA-PI-PIL-IFU-COMBINED.PDF) (Accessed May 24, 2021)
4. Synagis Prescribing Information. Available from: <https://synagishcp.com/synagis.pdf> (Accessed May 24, 2021)
5. Eylea Prescribing Information. Available from: [https://www.regeneron.com/downloads/eylea\\_fpi.pdf](https://www.regeneron.com/downloads/eylea_fpi.pdf) (Accessed May 24, 2021)
6. Thyrogen Prescribing Information. Available from: <https://products.sanofi.us/Thyrogen/Thyrogen.pdf> (Accessed May 24, 2021)



Lorri Walmsley, R.Ph.  
Director, Pharmacy Affairs  
Walgreen Co.  
5330 E. Washington D-105  
Phoenix, AZ 85034  
p: 602-214-6618  
Lorri.Walmsley@walgreens.com

June 1, 2021

Via Email

Nevada State Board of Pharmacy  
Attention: Dave Wuest, PharmD  
Executive Director  
985 Damonte Ranch Parkway #206  
Reno, NV 89521

Email: [dwest@pharmacy.nv.gov](mailto:dwest@pharmacy.nv.gov)

Re: Proposed Rules Chapter 639

Dear Executive Director Wuest,

On behalf of all pharmacies owned and operated by Walgreen Co. in the state of Nevada, we thank the Board for the opportunity to comment on proposed rule amendment to Chapter 639 regarding pharmacy dangerous drugs; practitioner administration.

Pharmacies continually illustrate their importance in the healthcare industry; and as the capacity of their services broadens, their role is increasingly critical to both other healthcare agencies, as well as the public, in providing quality patient care. One example of how pharmacies benefit other healthcare agencies is by dispensing certain prescriptions to providers. Walgreens commends the Board for recognizing the value in pharmacies partnering with providers and for creating rules to expand the pharmacy/provider partnership in the state of Nevada. However, we feel that some of the specifics of the rules are too restrictive and would negatively impact patient care.

There are several non-REMs prescription drugs that require a healthcare practitioner to administer them to the patient. Providers may not have access to and/or the capability to stock some of these drugs, or these drugs may be too expensive to carry in their inventory; hence, the drugs would need to be dispensed out of a pharmacy. It is severely restrictive if the Board limits the types of drugs that pharmacies can dispense to a provider to include only REMs drugs. Furthermore, providers should have the right to choose if they want a pharmacy to dispense a medication that is to be administered at the provider's office. We respectfully request the Board amend the language to the below:

“(a) ~~The United States Food and Drug Administration has adopted a risk evaluate and mitigation strategy for the drug pursuant to 21 U.S.C. 355-1~~ A drug's labeling that requires the drug to be administered under the direct supervision of a provider of health care; and”



Additionally, Walgreens understands the importance for having regulations regarding disposal of the drug if it is not administered to the patient, however, we believe the objective of the Board's proposed requirement can be satisfied in a way that is beneficial to all parties involved. Walgreens does not own, nor is owned by a Pharmacy Benefit Manager (PBM); and all prescriptions we dispense to providers are at the request of the provider. We have policies and procedures in place regarding dispensing a drug to a provider as well as the return of the drug if it is not administered to the patient. Furthermore, the requirement to donate or destroy the drug if not administered within fourteen (14) days appears to be modeled after the DEA requirement for controlled substances. The DEA has that regulation in place to help prevent against theft or diversion. This requirement is extreme for non-controlled medications and there is no evidence that suggests providers can't hold onto the medication beyond 14 days if the patient misses an appointment or has another reason for not being able to have the medication administered within the 14 day time frame. In today's world with skyrocketing drug prices, pharmaceutical products not utilized in 14 days must not be destroyed. It would be a grievous act that cannot be justified if the product is still viable. In addition, the third party ramifications would create much chaos between all parties, especially if the patient still needed the medication on day 15. For these reasons destroying a viable drug product should not be an option that is put into rule. We respectfully request the Board amend the language to the below:

- "(c) Except as otherwise provided in subsection 3, administer the drug only to the patient named in the prescription not later than ~~14~~ 30 days after receiving the drug.
3. If a drug dispensed to a practitioner pursuant to subsection 1 is not administered within the time prescribed by paragraph (c) of subsection 2, the practitioner must:
- (a) ~~Destroy the drug;~~ or Adhere to the Pharmacy's procedures for the return of the prescription drug
- ~~(b) Donate the drug to the Prescription Drug Donation Program established pursuant to NRS 453B.080."~~

Walgreens safely provides this service to providers safely throughout the nation to provide both quality and efficiency to physicians who choose not to have to carry these high cost pharmaceuticals. We believe physician providers should have the choice to utilize a pharmacy provider that bridges a much-needed gap. We request that this rule be returned to workshop to further engage with stakeholders regarding these proposed rules. If the Board would like additional information, please feel free to contact me.

Sincerely,

Lorri Walmsley, R.Ph.



