

March 2024 Board Meeting Handouts

Public Comment – Michelle Dolly

- 5C ASP Cares Pharmacy**
- 5G Ryan Ross**
- 5H Ajumobi Agu**
- 5Q Plus One Pharmacy, LLC**
- 5Y/5Z CVS Pharmacy #8821/Eugene Bondoc Naval**
- 15A Workshop - Gener Tejero**
- 18 Executive Report**

(Reprinted with amendments adopted on April 6, 2023)

FIRST REPRINT

A.B. 110

ASSEMBLY BILL NO. 110—COMMITTEE
ON COMMERCE AND LABOR

PREFILED FEBRUARY 3, 2023

Referred to Committee on Commerce and Labor

SUMMARY—Makes revisions governing the dispensing and delivery of certain dialysate drugs and devices used to perform dialysis. (BDR 54-616)

FISCAL NOTE: Effect on Local Government: Increases or Newly Provides for Term of Imprisonment in County or City Jail or Detention Facility.
Effect on the State: No.

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

AN ACT relating to pharmacy; authorizing a manufacturer or wholesaler to dispense a dialysate drug or deliver a device used to perform dialysis at a residence to certain persons and entities; providing a penalty; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law prohibits a manufacturer or wholesaler from dispensing dangerous drugs. (NRS 454.215, 639.100) **Sections 1-5** of this bill authorize a manufacturer or wholesaler to dispense certain dialysate drugs and deliver devices necessary to administer dialysis at a residence after satisfying certain requirements to a: (1) patient with irreversible renal disease, or his or her designee; (2) provider of health care; or (3) hospital or facility for the treatment of irreversible renal disease. **Section 1** requires a prescription provided to a manufacturer or a wholesaler for such purposes to comply with various requirements concerning format, contents and recordkeeping that apply to prescriptions generally. **Section 1** authorizes a manufacturer or wholesaler to use a third-party logistics provider to deliver the dialysate drug or device necessary to administer dialysis at home. **Section 6** of this bill requires a manufacturer or wholesaler that dispenses dialysate drugs pursuant to **section 1** to maintain certain records relating to dangerous drugs in the same manner as a pharmacy, hospital or practitioner that furnishes dangerous drugs and makes a violation of this requirement a misdemeanor. (NRS 454.286)

Section 7 of this bill authorizes a person to possess a dangerous dialysate drug dispensed to him or her by a manufacturer or wholesaler pursuant to **section 1**.



* A B 1 1 0 R 1 *

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

Section 1. Chapter 639 of NRS is hereby amended by adding thereto a new section to read as follows:

1. Except as otherwise provided in subsection 4, a manufacturer or wholesaler may dispense a dialysate drug or deliver a device necessary to administer dialysis at a residence under the conditions prescribed by subsection 2 to:

(a) A patient with irreversible renal disease, or a designee of the patient, for the administration of dialysis at the residence of the patient;

(b) A provider of health care; or

(c) A hospital or facility for the treatment of irreversible renal disease.

2. A drug dispensed or a device delivered pursuant to subsection 1 must be:

(a) Approved by the United States Food and Drug Administration;

(b) Prescribed or ordered by a physician, physician assistant or advanced practice registered nurse; and

(c) Dispensed and delivered in the original, unopened packaging used by the manufacturer of the drug or device.

3. The provisions of NRS 454.223, 639.235 to 639.239, inclusive, and 639.2392 to 639.2397, inclusive, apply to a prescription provided to a manufacturer or wholesaler pursuant to this section to the same extent as if the prescription were provided to a pharmacist.

4. The provisions of this section do not authorize a manufacturer or wholesaler to dispense a dialysate drug that is a:

(a) Controlled substance to any person or entity; or

(b) Dangerous drug that is unsafe for self-administering directly to or unsupervised use directly by a patient or the designee of a patient.

5. A manufacturer or wholesaler may use a third-party logistics provider to deliver a dialysate drug or device necessary to administer dialysis at a residence pursuant to subsection 1.

6. As used in this section:

(a) "Dialysate drug" means a drug solely composed of fluids, electrolytes and sugars used for dialysis.

(b) "Dialysis" means the method by which a dissolved substance is removed from the body of a patient by diffusion, osmosis and convection from one fluid compartment to another fluid compartment across a semipermeable membrane.



(c) "Facility for the treatment of irreversible renal disease" has the meaning ascribed to it in NRS 449.0046.

(d) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

(e) "Third-party logistics provider" means a person that transports, warehouses, packages, tracks or manages a drug or device.

Sec. 2. NRS 639.016 is hereby amended to read as follows:

639.016 "Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient ~~[-]~~, *except where authorized by section 1 of this act*. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Sec. 3. NRS 639.595 is hereby amended to read as follows:

639.595 1. A wholesaler may sell a prescription drug only if the sale is a bona fide transaction.

2. A wholesaler may purchase a prescription drug only from:

(a) A manufacturer;

(b) A pharmacy or practitioner if that pharmacy or practitioner maintains a valid license in the State in which the pharmacy or practitioner is domiciled; or

(c) Another wholesaler if:

(1) The wholesaler who sells the drug is licensed by the Board; and

(2) The sale is a bona fide transaction.

3. A wholesaler may receive a prescription drug from a pharmacy or practitioner only if the wholesaler does not pay the pharmacy or practitioner an amount, either in cash or credit, that is more than the price for which the wholesaler sells such prescription drugs to other pharmacies or practitioners at the time of return and:

(a) The prescription drug was originally shipped to the pharmacy or practitioner by the wholesaler; or

(b) The prescription drug could not be returned by the pharmacy or practitioner to the original wholesaler.

➔ If a wholesaler receives a prescription drug pursuant to this subsection and the wholesaler subsequently sells the prescription drug to another wholesaler, the prescription drug must be



1 accompanied by a statement of prior sales as defined in
2 NRS 639.535.

3 4. The Board shall not limit the quantity of prescription drugs a
4 wholesaler may purchase, sell, distribute or otherwise provide to
5 another wholesaler, distributor or manufacturer.

6 5. For the purposes of this section:

7 (a) A purchase shall be deemed a bona fide transaction if:

8 (1) The wholesaler purchased the drug:

9 (I) Directly from the manufacturer of the drug; or

10 (II) With a reasonable belief that the drug was originally
11 purchased directly from the manufacturer of the drug;

12 (2) The circumstances of the purchase reasonably indicate
13 that the drug was not purchased from a source prohibited by law;

14 (3) Unless the drug is purchased by the wholesaler from the
15 manufacturer, before the wholesaler sells the drug to another
16 wholesaler, the wholesaler who sells the drug conducts a reasonable
17 visual examination of the drug to ensure that the drug is not:

18 (I) Counterfeit;

19 (II) Deemed to be adulterated or misbranded in
20 accordance with the provisions of chapter 585 of NRS;

21 (III) Mislabeled;

22 (IV) Damaged or compromised by improper handling,
23 storage or temperature control;

24 (V) From a foreign or unlawful source; or

25 (VI) Manufactured, packaged, labeled or shipped in
26 violation of any state or federal law relating to prescription drugs;

27 (4) The drug is shipped directly from the wholesaler who
28 sells the drug to the wholesaler who purchases the drug; and

29 (5) The documents of the shipping company concerning the
30 shipping of the drug are attached to the invoice for the drug and are
31 maintained in the records of the wholesaler.

32 (b) A sale shall be deemed a bona fide transaction if the
33 wholesaler sells the prescription drug only to:

34 (1) A pharmacy or practitioner if that pharmacy or
35 practitioner maintains a valid license in the state in which the
36 pharmacy or practitioner is domiciled.

37 (2) Another wholesaler who maintains a valid license in the
38 state in which he or she is domiciled if the wholesaler who sells the
39 prescription drug has complied with NRS 639.575, 639.580 and
40 639.585.

41 (3) *A patient with irreversible renal disease, the designee of*
42 *such a patient, a provider of health care, a hospital or a facility for*
43 *the treatment of irreversible renal disease, if the drug is a dialysate*
44 *drug dispensed pursuant to section 1 of this act.*



(c) The purchase or sale of a prescription drug includes, without limitation, the distribution, transfer, trading, bartering or any other provision of a prescription drug to another person by a wholesaler. A transfer of a prescription drug from a wholesale facility of a wholesaler to another wholesale facility of the wholesaler shall not be deemed a purchase or sale of a prescription drug pursuant to this section if the wholesaler is a corporation whose securities are publicly traded and regulated by the Securities Exchange Act of 1934.

Sec. 4. NRS 454.0098 is hereby amended to read as follows:

454.0098 "Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies dangerous drugs or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person other than the consumer or patient ~~to~~, *except where authorized by section 1 of this act.* The term does not include:

1. A person who derives, produces or prepares medicines, chemicals or devices on sales orders for resale.

2. A nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

Sec. 5. NRS 454.215 is hereby amended to read as follows:

454.215 A dangerous drug may be dispensed by:

1. A registered pharmacist upon the legal prescription from a practitioner or to a pharmacy in a correctional institution upon the written order of the prescribing practitioner in charge;

2. A pharmacy in a correctional institution, in case of emergency, upon a written order signed by the chief medical officer;

3. A practitioner, or a physician assistant licensed pursuant to chapter 630 or 633 of NRS if authorized by the Board;

4. A registered nurse, when the nurse is engaged in the performance of any public health program approved by the Board;

5. A medical intern in the course of his or her internship;

6. An advanced practice registered nurse who holds a certificate from the State Board of Pharmacy permitting him or her to dispense dangerous drugs;

7. A registered nurse employed at an institution of the Department of Corrections to an offender in that institution;

8. A registered pharmacist from an institutional pharmacy pursuant to regulations adopted by the Board; ~~or~~

9. *A manufacturer or wholesaler dispensing a dialysate drug pursuant to section 1 of this act; or*

10. A registered nurse to a patient at a rural clinic that is designated as such pursuant to NRS 433.233 and that is operated by the Division of Public and Behavioral Health of the Department of



1 Health and Human Services if the nurse is providing mental health
2 services at the rural clinic,
3 except that no person may dispense a dangerous drug in violation
4 of a regulation adopted by the Board.

5 **Sec. 6.** NRS 454.286 is hereby amended to read as follows:

6 454.286 1. Every retail pharmacy, hospital or any practitioner
7 who engages in the practice of dispensing or furnishing drugs to
8 patients *and every manufacturer or wholesaler that dispenses*
9 *dialysate drugs to patients pursuant to section 1 of this act* shall
10 maintain a complete and accurate record of all dangerous drugs
11 purchased and those sold on prescription, dispensed, furnished or
12 disposed of otherwise.

13 2. The records must be retained for a period of 2 years
14 and must be open to inspection by members, inspectors or
15 investigators of the Board or inspectors of the Food and Drug
16 Administration.

17 3. Invoices showing all purchases of dangerous drugs
18 constitute a complete record of all dangerous drugs received.

19 4. For the purpose of this section, the prescription files of a
20 pharmacy constitute a record of the disposition of all dangerous
21 drugs.

22 5. A person who violates any provision of this section is guilty
23 of a misdemeanor.

24 **Sec. 7.** NRS 454.316 is hereby amended to read as follows:

25 454.316 1. Except as otherwise provided in this section, a
26 person who possesses a dangerous drug, except that furnished to the
27 person by a pharmacist pursuant to a legal prescription, *by a*
28 *manufacturer or wholesaler pursuant to section 1 of this act* or by
29 a practitioner, is guilty of a gross misdemeanor. A person who has
30 been twice previously convicted of any offense:

31 (a) Described in this section; or

32 (b) Pursuant to any other law of the United States or this or any
33 other state or district which if committed in this State would have
34 been punishable as an offense under this section,

35 is guilty of a category E felony and shall be punished as provided
36 in NRS 193.130.

37 2. A prescription is not required for possession of a dangerous
38 drug by a person authorized by NRS 454.213, any other person or
39 class of persons approved by the Board pursuant to regulation,
40 jobbers, wholesalers, manufacturers or laboratories authorized by
41 laws of this State to handle, possess and deal in dangerous drugs if
42 the drugs are in stock containers properly labeled and have been
43 procured from a manufacturer, wholesaler or pharmacy, or by a
44 rancher who possesses a dangerous drug in a reasonable amount



- 1 for use solely in the treatment of livestock on his or her own
- 2 premises.

③D



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**ASP CARES PHARMACY,
Pharmacy License No. PH03347, and**

**VENUS VEDADI, RPH,
Certificate of Registration No. 18969,**

Respondents.

**CASE NOS. 19-011-PH-S
19-011-RPH-S**

**STIPULATION AND ORDER
(RESPONDENT ASP CARES
PHARMACY ONLY)**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, by and through General Counsel Brett Kandt, and Respondent ASP Cares Pharmacy, Pharmacy License No. PH03347, by and through counsel, Chandon Alexander, Esq.,
HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over Respondent and this matter.
2. On or about January 2, 2024, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.
3. Respondent is entering into this Stipulation in lieu of filing an Answer and Notice of Defense to the Accusation.
4. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS

Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives its rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*:

A. ASP Cares Pharmacy violated NRS 639.264(2) by providing preprinted prescription blanks with ASP Cares Pharmacy information to Kindred Wound Care Hospital directing the prescribing practitioner to fax the prescription to ASP Cares Pharmacy; and

B. ASP Cares Pharmacy Managing Pharmacist Venus Vedadi engaged in unprofessional conduct as defined in NAC 639.945(1)(d), (e) and/or (i) when she and/or pharmaceutical technicians under her supervision committed errors in the course of filling and dispensing prescription nos. 170875, 174758 and 176440, and ASP Cares Pharmacy is responsible for those violations pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent ASP Cares Pharmacy, Pharmacy License No. PH03347, stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding its duties and responsibilities as a pharmacy licensed under NRS Chapter 639;

B. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Five Thousand Dollars (\$5,000.00) for the violations, by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order; and

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars (\$1,000.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter, by personal, business, certified or cashier's check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 6, 2024. Respondent will appear at the meeting to answer questions from the Board Members and/or

Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r-2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has knowingly and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of March 2024

Signed this 6th day of March 2024



ASP CARES PHARMACY,
Pharmacy License No. PH03347

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ____ day of March 2024

CHANDON ALEXANDER, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent ASP Cares Pharmacy, Pharmacy License No. PH03347, in Case No. 19-011-PH-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of March 2024.

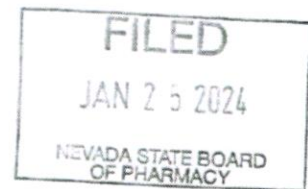
Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

Exhibit 1

Ryan Ross, PT
[REDACTED] Spiracle Ave.
Henderson, NV 89002

OSC-20-027-PT-N

9171 9690 0935 0278 7982 00



MAILED

1/26/24

Certified = 8.69
Standard = .64

Ryan Ross, PT
Sunrise Hospital Pharmacy
2560 E. Sunset
Las Vegas, NV 89120

OSC-20-027-PT-N

9171 9690 0935 0279 2931 48



MAILED

2/1/24

Certified = 9.44
Standard = 1.63

USPS Tracking®**FAQs >**

Exhibit 1

Tracking Number:

Remove X**9171969009350278798200****Copy****Schedule a Redelivery (<https://tools.usps.com/redelivery.htm>)**

Latest Update

Your item arrived at the HENDERSON, NV 89015 post office at 6:43 pm on January 29, 2024 and is ready for pickup. Your item may be picked up at HENDERSON, 404 S BOULDER HWY, HENDERSON, NV 890159998, M-F 0900-1730; SAT 0900-1700.

Get More Out of USPS Tracking:**USPS Tracking Plus®**

Available for Pickup

Available for Pickup

HENDERSON
404 S BOULDER HWY
HENDERSON NV 89015-9998
M-F 0900-1730; SAT 0900-1700
January 29, 2024, 6:43 pm

Notice Left (No Authorized Recipient Available)

HENDERSON, NV 89002
January 29, 2024, 4:51 pm

See All Tracking History**Feedback****What Do USPS Tracking Statuses Mean? (<https://faq.usps.com/s/article/Where-is-my-package>)****Text & Email Updates****Schedule Redelivery**

USPS Tracking®

FAQs >

Tracking Number:

Remove X

9171969009350279293148

Copy Add to Informed Delivery (<https://informedelivery.usps.com/>)

Latest Update

Your item was returned to the sender on February 3, 2024 at 2:19 pm in LAS VEGAS, NV 89120 because the addressee was not known at the delivery address noted on the package.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Alert

● Addressee Unknown

LAS VEGAS, NV 89120

February 3, 2024, 2:19 pm

● Arrived at USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER

February 2, 2024, 5:40 pm

● See All Tracking History

Feedback

What Do USPS Tracking Statuses Mean? (<https://faq.usps.com/s/article/Where-is-my-package>)

Text & Email Updates



USPS Tracking Plus®



Product Information





NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

Email: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

February 1, 2024

Ryan Ross
[REDACTED] Spiracle Ave.
Henderson, NV 89002

Re: Ryan Ross and Case No. 20-027-PT-S

Dear Ryan Ross,

The hearing for case number **20-027-PT-S** has been scheduled for Wednesday, March 6, 2024 at 9:00:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 S Las Vegas Boulevard
Las Vegas, NV 89123

This is an in-person hearing; all respondents, witnesses and counsel must appear in person before the Board.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

Jessette Phaynarikone
Administrative Assistant - Board Coordinator I
Nevada State Board of Pharmacy

9171 9690 0935 0279 2931 79

ALERT: SEVERE WEATHER CONDITIONS ACROSS THE U.S. MAY DELAY FINAL DELIVERY OF Y...

USPS Tracking®

Exhibit 2

FAQs >

Tracking Number:

Remove X

9171969009350279293179

Copy

Schedule a Redelivery (<https://tools.usps.com/redelivery.htm>)

Latest Update

Your item arrived at the HENDERSON, NV 89015 post office at 7:01 pm on February 8, 2024 and is ready for pickup. Your item may be picked up at HENDERSON, 404 S BOULDER HWY, HENDERSON, NV 890159998, M-F 0900-1730; SAT 0900-1700.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Feedback

Available for Pickup

Available for Pickup

HENDERSON
404 S BOULDER HWY
HENDERSON NV 89015-9998
M-F 0900-1730; SAT 0900-1700
February 8, 2024, 7:01 pm

Notice Left (No Authorized Recipient Available)

HENDERSON, NV 89002
February 8, 2024, 3:08 pm

Arrived at USPS Regional Facility

LAS VEGAS NV DISTRIBUTION CENTER
February 7, 2024, 11:59 am

In Transit to Next Facility

February 6, 2024

Arrived at USPS Regional Facility

RENO NV DISTRIBUTION CENTER
February 5, 2024, 11:05 pm

Accepted at USPS Origin Facility
RENO, NV 89521
February 5, 2024, 9:50 pm

Pre-Shipment, USPS Awaiting Item
February 5, 2024

Hide Tracking History

[What Do USPS Tracking Statuses Mean?](https://faq.usps.com/s/article/Where-is-my-package) (https://faq.usps.com/s/article/Where-is-my-package)

Text & Email Updates



Schedule Redelivery



USPS Tracking Plus®



Product Information



See Less ^

Track Another Package

Enter tracking or barcode numbers

Need More Help?

Contact USPS Tracking support for further assistance.

FAQs

Exhibit 3


RYAN L ROSS SPIRACLE AVE HENDERSON, NV 89002-0970		1018 30-74263140
Date <u>9/30/23</u>		
Pay to the Order of <u>State of Nevada, Office of the Treasurer</u>		
<u>Fifty and 00/100</u>		<u>50.00</u>
Dollars		
 USAA FEDERAL SAVINGS BANK 10750 McDERMOTT FWY SAN ANTONIO, TEXAS 78266-0544 (210) 456-8000 1-800-832-3724		
For <u>Ryan L Ross</u>		
MP		
1018		

Exhibit 3

RYAN L ROSS SPIRACLE AVE HENDERSON, NV 89002-0970		1019 30-74263140
Date <u>9/30/23</u>		
Pay to the Order of <u>State of Nevada, Office of the Treasurer \$ 00</u>		
<u>Esby and 09/02</u>		
USAA FEDERAL SAVINGS BANK 10750 McDERMOTT FWY SAN ANTONIO, TEXAS 78288-0544 (210) 456-8000 1-800-532-3724		
For <u>[Signature]</u>		HP

Exhibit 1



775-687-5694

Report Prepared: 11/29/2023

Prescriber Activity Report

Date Range: 07/07/2023 - 11/29/2023

Investigation Type:

Case Number:

Primary Drug Category:

Drug Product Name:

Case Notes:

Agency:

Contact: Darla Zarley

Role: Admin

Phone: 7756875694

Email: dzarley@pharmacy.nv.gov

AJUMOBI AGU

2235 E FLAMINGO RDSTE 128

LAS VEGAS, NV 89119

Report Criteria

DEA Number: FA4195459, Prescriber First Name: AJUMOBI, Prescriber Last Name: AGU

Summary

Prescriptions	129
Patients	44
Pharmacies	16

Prescriber Activity

Last	First	DOB	Fill Date	Written Date	Drug Name	ICD-10	Qty	Supply	Store ID	Rx #	Pymt Type
P [REDACTED]	J [REDACTED]	[REDACTED] 1963	09/30/2023	09/04/2023	PREGABALIN 150 MG CAPSULE	Q8500	60.0	30	ADVA7852	530847	Medicare
S [REDACTED]	S [REDACTED]	[REDACTED] 1940	09/15/2023	09/14/2023	OXYCODONE HCL (IR) 5 MG TABLET	G894	45.0	15	ADVA7852	51704	Commercial Insurance

1 / 7

Agu001
0022

Last	First	DOB	Fill Date	Written Date	Drug Name	ICD-10	Qty	Supply	Store ID	Rx #	Pymt Type
D	J	1969	09/14/2023	09/10/2023	PROMETHAZINE-CODEINE SOLUTION	R059	225.0	15	ADVA7852	530938	Commercial Insurance
G	B	1979	09/13/2023	09/06/2023	OXYCODONE HCL (IR) 15 MG TAB		120.0	30	US P4957	200148	Commercial Insurance
J	L	1956	09/13/2023	09/13/2023	OXYCODONE HCL (IR) 20 MG TAB	G894	45.0	15	ADVA7852	51684	Commercial Insurance
D	J	1969	09/13/2023	09/13/2023	OXYCODONE HCL (IR) 20 MG TAB		60.0	15	ADVA7852	51685	Commercial Insurance
D	J	1969	09/12/2023	09/12/2023	TRAMADOL HCL 50 MG TABLET	G894	45.0	15	ADVA7852	530917	Commercial Insurance
D	J	1969	09/12/2023	09/12/2023	CLONAZEPAM 1 MG TABLET		60.0	30	ADVA7852	530916	Commercial Insurance
M	D	1954	09/12/2023	09/12/2023	TRAMADOL HCL 50 MG TABLET	G894	45.0	15	ADVA7852	530918	Commercial Insurance
H	J	1956	09/12/2023	09/12/2023	TRAMADOL HCL 50 MG TABLET	G894	45.0	15	ADVA7852	530919	Commercial Insurance
T	V	1947	09/11/2023	09/11/2023	ALPRAZOLAM 1 MG TABLET		60.0	30	FAMI5981	896282	Commercial Insurance
M	P	1956	09/11/2023	09/11/2023	ALPRAZOLAM 1 MG TABLET	F419	60.0	30	TRIN1363	344895	Medicaid
M	P	1956	09/11/2023	09/11/2023	OXYCODONE-ACETAMINOPHEN 10-325		90.0	30	TRIN1363	344891	Medicaid
T	V	1947	09/11/2023	09/11/2023	OXYCODONE-ACETAMINOPHEN 10-325		180.0	30	FAMI5981	227043	Commercial Insurance
S	B	1960	09/09/2023	09/09/2023	ZOLPIDEM TARTRATE 10 MG TABLET		30.0	30	ADVA7852	530883	Commercial Insurance
D	C	1957	09/09/2023	09/09/2023	OXYCODONE HCL (IR) 20 MG TAB	G894	45.0	15	ADVA7852	51636	Commercial Insurance
S	B	1960	09/09/2023	09/09/2023	OXYCODONE HCL (IR) 20 MG TAB	G894	60.0	30	ADVA7852	51637	Commercial Insurance
S	B	1960	09/09/2023	09/09/2023	TRAMADOL HCL 50 MG TABLET		45.0	15	ADVA7852	530884	Commercial Insurance
N	T	1945	09/08/2023	09/05/2023	ALPRAZOLAM 2 MG TABLET		60.0	30	US P4957	400396	Commercial Insurance
S	R	1961	09/08/2023	09/08/2023	ALPRAZOLAM 1 MG TABLET	F419	60.0	30	TRIN1363	344601	Private Pay
N	T	1945	09/08/2023	09/05/2023	HYDROCODONE-ACETAMIN 10-325 MG		90.0	30	US P4957	200144	Commercial Insurance
S	R	1961	09/08/2023	09/08/2023	OXYCODONE-ACETAMINOPHEN 10-325		90.0	30	TRIN1363	344598	Medicaid
C	R	1948	09/08/2023	09/08/2023	OXYCODONE-ACETAMINOPHEN 10-325		90.0	30	US P4957	200149	Commercial Insurance
G	B	1979	09/08/2023	09/06/2023	ALPRAZOLAM 2 MG TABLET		60.0	30	US P4957	400397	Commercial Insurance
Y	A	1967	09/07/2023	09/07/2023	PROMETHAZINE-CODEINE SOLUTION	J449	280.0	7	FAMI5981	896119	Commercial Insurance
P	J	1963	09/06/2023	09/06/2023	TRAMADOL HCL 50 MG TABLET	M4803	60.0	15	ADVA7852	530854	Commercial Insurance
M	D	1982	09/06/2023	09/05/2023	OXYCODONE-ACETAMINOPHEN 10-325		90.0	30	WALG7522	3710043	Medicare
M	D	1982	09/06/2023	09/05/2023	LACOSAMIDE 100 MG TABLET	R569	60.0	30	WALG7522	3709696	Medicare
D	D	1947	09/06/2023	09/06/2023	PROMETHAZINE-CODEINE SOLUTION		240.0	12	FAMI5981	896037	Private Pay
D	D	1947	09/06/2023	09/06/2023	ALPRAZOLAM 2 MG TABLET	F419	60.0	30	FAMI5981	896039	Commercial Insurance
P	J	1963	09/06/2023	09/06/2023	PREGABALIN 150 MG CAPSULE	Q8500	60.0	30	ADVA7852	530855	Medicare

Last	First	DOB	Fill Date	Written Date	Drug Name	ICD-10	Qty	Supply	Store ID	Rx #	Pymt Type
D	D	1947	09/06/2023	09/06/2023	HYDROCODONE-ACETAMIN 10-325 MG		120.0	30	FAMI5981	227019	Commercial Insurance
D	D	1947	09/06/2023	09/06/2023	PREGABALIN 150 MG CAPSULE	G9009	60.0	30	FAMI5981	896038	Commercial Insurance
J	K	1974	09/05/2023	09/05/2023	HYDROCODONE-ACETAMIN 10-325 MG	G894	45.0	15	ADVA7852	51595	Commercial Insurance
P	J	1963	09/05/2023	09/04/2023	TRIAZOLAM 0.25 MG TABLET	G4701	30.0	30	ADVA7852	530845	Commercial Insurance
P	J	1963	09/05/2023	09/04/2023	LORAZEPAM 0.5 MG TABLET		60.0	30	ADVA7852	530846	Commercial Insurance
S	B	1960	09/02/2023	09/02/2023	PROMETHAZINE-CODEINE SOLUTION	R059	220.0	15	ADVA7852	530842	Commercial Insurance
Y	A	1967	09/01/2023	09/01/2023	PROMETHAZINE-CODEINE SOLUTION	J449	280.0	7	FAMI5981	895827	Commercial Insurance
P	J	1963	09/01/2023	08/08/2023	MORPHINE SULF ER 15 MG TABLET	M4803	90.0	30	ADVA7852	51341	Commercial Insurance
J	T	1952	08/31/2023	08/31/2023	TRAMADOL HCL 50 MG TABLET	R52	45.0	15	ADVA7852	530832	Commercial Insurance
P	A	1959	08/31/2023	08/31/2023	TRAMADOL HCL 50 MG TABLET		45.0	15	ADVA7852	530831	Commercial Insurance
J	K	1974	08/30/2023	08/30/2023	PROMETHAZINE-CODEINE SOLUTION	R059	440.0	30	ADVA7852	530816	Commercial Insurance
F	F	1961	08/28/2023	08/28/2023	ALPRAZOLAM 0.25 MG TABLET	F419	30.0	30	FAMI5981	895500	Private Pay
M	D	1982	08/28/2023	08/21/2023	ALPRAZOLAM 2 MG TABLET	F419	60.0	30	WALG9623	2091082	Medicare
S	B	1960	08/28/2023	08/28/2023	OXYCODONE HCL (IR) 20 MG TAB	G894	45.0	15	ADVA7852	51516	Commercial Insurance
L	J	1956	08/28/2023	08/28/2023	ALPRAZOLAM 2 MG TABLET	F419	60.0	30	ADVA7852	530809	Commercial Insurance
L	J	1956	08/28/2023	08/28/2023	OXYCODONE HCL (IR) 20 MG TAB	G894	45.0	15	ADVA7852	51523	Commercial Insurance
Y	A	1967	08/25/2023	08/25/2023	PROMETHAZINE-CODEINE SOLUTION	J449	280.0	7	FAMI5981	895431	Commercial Insurance
B	C	1952	08/25/2023	08/10/2023	ZOLPIDEM TARTRATE 5 MG TABLET	G4701	30.0	30	ADVA7852	530678	Commercial Insurance
D	C	1957	08/25/2023	08/25/2023	PROMETHAZINE-CODEINE SOLUTION	R059	440.0	30	ADVA7852	530797	Commercial Insurance
D	C	1957	08/25/2023	08/25/2023	OXYCODONE HCL (IR) 20 MG TAB	G894	60.0	15	ADVA7852	51503	Commercial Insurance
B	C	1952	08/24/2023	08/14/2023	MORPHINE SULF ER 15 MG TABLET	G894	60.0	30	ADVA7852	51408	Commercial Insurance
B	C	1952	08/24/2023	08/14/2023	HYDROCODONE-ACETAMIN 10-325 MG	M5136	60.0	15	ADVA7852	51407	Commercial Insurance
C	T	1959	08/23/2023	08/23/2023	PROMETHAZINE-CODEINE SOLUTION	R059	225.0	15	ADVA7852	530775	Commercial Insurance
S	M	1953	08/22/2023	08/22/2023	PROMETHAZINE-CODEINE SOLUTION	R051	220.0	15	ADVA7852	530760	Commercial Insurance
D	J	1969	08/22/2023	08/22/2023	CARISOPRODOL 350 MG TABLET		60.0	30	ADVA7852	530763	Commercial Insurance
L	B	1970	08/22/2023	08/21/2023	OXYCODONE HCL (IR) 30 MG TAB	G44221	120.0	30	WALG5594	1269958	Medicare
P	A	1959	08/22/2023	08/22/2023	PROMETHAZINE-CODEINE SOLUTION	R059	225.0	15	ADVA7852	530758	Commercial Insurance
J	T	1952	08/22/2023	08/18/2023	PROMETHAZINE-CODEINE SOLUTION	R059	440.0	30	ADVA7852	530748	Commercial Insurance
L	A	1969	08/21/2023	08/21/2023	ALPRAZOLAM 2 MG TABLET	F419	60.0	30	WALG6549	5047887	Medicare

Last	First	DOB	Fill Date	Written Date	Drug Name	ICD-10	Qty	Supply	Store ID	Rx #	Pymt Type
P		1962	08/21/2023	08/18/2023	OXYCODONE-ACETAMINOPHEN 10-325		120.0	30	TRIN1363	342408	Medicaid
F		1974	08/21/2023	08/21/2023	HYDROCODONE-ACETAMIN 10-325 MG	M5136	120.0	30	WALG6622	3796809	Medicare
Y		1967	08/18/2023	08/18/2023	OXYCODONE HCL (IR) 30 MG TAB	N189	120.0	30	FAM15981	226930	Commercial Insurance
J		1952	08/18/2023	08/18/2023	OXYCODONE HCL (IR) 10 MG TAB	G894	120.0	30	ADVA7852	51462	Commercial Insurance
Y		1967	08/18/2023	08/18/2023	ALPRAZOLAM 1 MG TABLET	F419	60.0	30	FAM15981	895124	Commercial Insurance
Y		1967	08/18/2023	08/18/2023	PROMETHAZINE-CODEINE SOLUTION	J449	280.0	7	FAM15981	895164	Commercial Insurance
S		1960	08/18/2023	08/18/2023	PROMETHAZINE-CODEINE SOLUTION	R059	220.0	15	ADVA7852	530743	Commercial Insurance
B		1952	08/16/2023	07/28/2023	HYDROCODONE-ACETAMIN 10-325 MG	G894	60.0	15	ADVA7852	51248	Commercial Insurance
P		1959	08/16/2023	08/07/2023	OXYCODONE HCL (IR) 20 MG TAB	G894	120.0	30	ADVA7852	51324	Commercial Insurance
J		1974	08/15/2023	08/15/2023	PROMETHAZINE-CODEINE SOLUTION	R059	225.0	15	ADVA7852	530719	Commercial Insurance
J		1974	08/15/2023	08/15/2023	ALPRAZOLAM 1 MG TABLET	F419	60.0	30	ADVA7852	530718	Commercial Insurance
W		1968	08/14/2023	08/14/2023	PROMETHAZINE-CODEINE SOLUTION	R059	240.0	16	ADVA7852	530709	Commercial Insurance
W		1968	08/14/2023	08/14/2023	OXYCODONE HCL (IR) 20 MG TAB	G894	45.0	15	ADVA7852	51410	Commercial Insurance
D		1957	08/11/2023	08/11/2023	OXYCODONE HCL (IR) 20 MG TAB	G894	60.0	15	ADVA7852	51389	Commercial Insurance
D		1957	08/11/2023	08/11/2023	PROMETHAZINE-CODEINE SOLUTION	R059	450.0	30	ADVA7852	530682	Commercial Insurance
D		1969	08/10/2023	08/10/2023	OXYCODONE HCL (IR) 20 MG TAB	G894	120.0	30	ADVA7852	51377	Commercial Insurance
D		1969	08/10/2023	08/10/2023	CLONAZEPAM 1 MG TABLET		60.0	30	ADVA7852	530679	Commercial Insurance
D		1969	08/10/2023	08/10/2023	PROMETHAZINE-CODEINE SOLUTION	R059	473.0	30	ADVA7852	530680	Commercial Insurance
S		1953	08/09/2023	08/07/2023	OXYCODONE HCL (IR) 10 MG TAB	G894	90.0	30	ADVA7852	51325	Commercial Insurance
P		1959	08/08/2023	08/07/2023	PROMETHAZINE-CODEINE SOLUTION	R059	225.0	15	ADVA7852	530625	Commercial Insurance
S		1953	08/08/2023	08/07/2023	PROMETHAZINE-CODEINE SYRUP	R051	220.0	15	ADVA7852	530626	Commercial Insurance
J		1952	08/04/2023	08/03/2023	ALPRAZOLAM 2 MG TABLET	F419	90.0	30	ADVA7852	530615	Commercial Insurance
P		1963	08/04/2023	08/03/2023	OXYCODONE HCL (IR) 20 MG TAB	M4803	120.0	30	ADVA7852	51312	Commercial Insurance
P		1963	08/04/2023	08/03/2023	PREGABALIN 150 MG CAPSULE	M797	60.0	30	ADVA7852	530613	Commercial Insurance
P		1963	08/04/2023	08/03/2023	ZOLPIDEM TARTRATE 10 MG TABLET	G4701	30.0	30	ADVA7852	530614	Commercial Insurance
P		1963	08/04/2023	08/04/2023	TRIAZOLAM 0.25 MG TABLET	G4701	30.0	30	ADVA7852	530623	Commercial Insurance
P		1963	08/04/2023	08/03/2023	MORPHINE SULF ER 15 MG TABLET	G894	60.0	30	ADVA7852	51313	Commercial Insurance
P		1963	08/04/2023	08/03/2023	LORAZEPAM 0.5 MG TABLET	F419	60.0	30	ADVA7852	530612	Commercial Insurance
P		1959	08/02/2023	08/02/2023	ALPRAZOLAM 2 MG TABLET	F419	90.0	30	ADVA7852	530598	Commercial Insurance

Last	First	DOB	Fill Date	Written Date	Drug Name	ICD-10	Qty	Supply	Store ID	Rx #	Pyemt Type
S	E	1983	08/01/2023	07/07/2023	ALPRAZOLAM 2 MG TABLET	F419	30.0	30	WALG3977	4393735	Medicare
S	Y	1989	08/01/2023	07/07/2023	OXYCODONE-ACETAMINOPHEN 10-325	M5127	120.0	30	WALG9623	2084846	Commercial Insurance
J	T	1952	07/25/2023	07/24/2023	PROMETHAZINE-CODEINE SOLUTION	R059	440.0	30	ADVA7852	530547	Commercial Insurance
S	M	1953	07/24/2023	07/24/2023	PROMETHAZINE-CODEINE SOLUTION	R059	440.0	15	ADVA7852	530545	Commercial Insurance
P	A	1959	07/24/2023	07/24/2023	PROMETHAZINE-CODEINE SOLUTION	R059	440.0	15	ADVA7852	530544	Commercial Insurance
J	T	1952	07/21/2023	07/21/2023	ALPRAZOLAM 2 MG TABLET	F419	45.0	15	ADVA7852	530533	Commercial Insurance
J	T	1952	07/21/2023	07/21/2023	PROMETHAZINE-CODEINE SYRUP		60.0	4	CNS 8639	540318	Private Pay
J	T	1952	07/20/2023	07/20/2023	ZOLPIDEM TARTRATE 10 MG TABLET	G4701	15.0	15	CNS 8639	540069	Private Pay
J	T	1952	07/20/2023	07/20/2023	OXYCODONE HCL (IR) 10 MG TAB	G894	120.0	30	ADVA7852	51174	Commercial Insurance
P	A	1959	07/20/2023	07/19/2023	ALPRAZOLAM 2 MG TABLET	F419	45.0	15	CNS 8639	539965	Private Pay
R	L	1941	07/19/2023	07/19/2023	TEMAZEPAM 15 MG CAPSULE	G4701	15.0	15	CNS 8639	539731	Private Pay
P	A	1959	07/19/2023	07/19/2023	OXYCODONE HCL (IR) 20 MG TAB	G894	120.0	30	ADVA7852	51163	Commercial Insurance
B	C	1952	07/19/2023	07/19/2023	MORPHINE SULF ER 15 MG TABLET	M5136	60.0	30	ADVA7852	51169	Commercial Insurance
P	A	1959	07/17/2023	07/12/2023	METHADONE HCL 5 MG TABLET	M5416	60.0	30	ADVA7852	51106	Commercial Insurance
K	H	1946	07/17/2023	07/17/2023	OXYCODONE-ACETAMINOPHN 7.5-325		30.0	30	CNS 8639	539181	Private Pay
R	D	1955	07/17/2023	07/17/2023	HYDROCODONE-ACETAMIN 10-325 MG		28.0	7	CNS 8639	539168	Private Pay
P	T	1969	07/17/2023	07/17/2023	FENTANYL 50 MCG/HR PATCH	G8929	5.0	10	CNS 8639	539214	Private Pay
P	T	1969	07/17/2023	07/17/2023	OXYCODONE-ACETAMINOPHEN 10-325	G8929	28.0	7	CNS 8639	539209	Private Pay
B	D	1979	07/14/2023	07/07/2023	OXYCODONE HCL (IR) 15 MG TAB		90.0	30	SILV6924	202907	Commercial Insurance
T	V	1947	07/14/2023	07/14/2023	MORPHINE SULF ER 30 MG TABLET		30.0	15	CNS 8639	538753	Private Pay
P	A	1959	07/12/2023	07/12/2023	ALPRAZOLAM 2 MG TABLET	F419	30.0	10	CNS 8639	538255	Private Pay
S	A	1991	07/12/2023	07/07/2023	OXYCODONE-ACETAMINOPHEN 10-325	N809	90.0	30	ALIR8181	139511	Other
B	D	1957	07/12/2023	07/07/2023	OXYCODONE HCL (IR) 30 MG TAB	Z8546	90.0	30	ALIR8181	139560	Medicare
S	M	1953	07/12/2023	07/12/2023	OXYCODONE HCL (IR) 10 MG TAB	G894	90.0	30	ADVA7852	51107	Commercial Insurance
H	V	1949	07/12/2023	07/07/2023	OXYCODONE-ACETAMINOPHEN 10-325		90.0	30	TRIN1363	337522	Medicaid
K	C	1969	07/11/2023	07/07/2023	MORPHINE SULF ER 30 MG TABLET	M170	60.0	30	CITY5606	0751948	Commercial Insurance
T	V	1947	07/10/2023	07/10/2023	OXYCODONE-ACETAMINOPHEN 10-325		30.0	10	CNS 8639	537540	Private Pay
R	D	1955	07/10/2023	07/10/2023	HYDROCODONE-ACETAMIN 10-325 MG		28.0	7	CNS 8639	537541	Private Pay
P	A	1959	07/10/2023	07/10/2023	PROMETHAZINE-CODEINE SOLUTION	R051	440.0	15	ADVA7852	530460	Commercial Insurance

Last	First	DOB	Fill Date	Written Date	Drug Name	ICD-10	Qty	Supply	Store ID	Rx #	Pymt Type
P	T	1969	07/10/2023	07/10/2023	OXYCODONE-ACETAMINOPHEN 10-325	G8929	28.0	7	CNS 8639	537543	Private Pay
S	M	1953	07/10/2023	07/10/2023	PROMETHAZINE-CODEINE SOLUTION	R051	440.0	11	ADVA7852	530459	Commercial Insurance
S	E	1983	07/07/2023	07/07/2023	OXYCODONE-ACETAMINOPHN 7.5-325	S81802A	60.0	30	WALG3977	4382201	Medicare
K	R	1952	07/07/2023	07/07/2023	OXYCODONE HCL (IR) 30 MG TAB	M169	90.0	30	SMIT6700	2018437	Medicare
P	T	1969	07/07/2023	07/07/2023	FENTANYL 50 MCG/HR PATCH	G8929	5.0	10	CNS 8639	537161	Private Pay
P	T	1969	07/07/2023	07/07/2023	MODAFINIL 100 MG TABLET	G47419	30.0	30	CNS 8639	537159	Medicare
T	V	1947	07/07/2023	07/07/2023	ALPRAZOLAM 1 MG TABLET	F323	30.0	15	CNS 8639	537184	Private Pay
K	C	1969	07/07/2023	07/07/2023	OXYCODONE HCL (IR) 10 MG TAB	M5136	120.0	30	CITY5606	0751949	Commercial Insurance
F	D	1971	07/07/2023	07/07/2023	OXYCODONE HCL (IR) 10 MG TAB		120.0	30	986 3894	353834	Commercial Insurance
S	Y	1989	07/07/2023	07/07/2023	ALPRAZOLAM 1 MG TABLET	F419	30.0	30	WALG9623	2077046	Private Pay
K	G	1957	07/07/2023	07/07/2023	OXYCODONE HCL (IR) 15 MG TAB	M47895	14.0	7	TRIN1363	337580	Medicare

Dispensers

Store ID	Name	Address	City	State	Zip
FAMI5981	FAMILY CARE PHARMACY	5625 S RAINBOW BLVD	LAS VEGAS	NV	89118
WALG6549	WALGREEN CO.	7599 W LAKE MEAD BLVD	LAS VEGAS	NV	89128
ALIR8181	ALIRAZA LLC DBA CITY PHARMACY	1131 E TROPICANA AVE	LAS VEGAS	NV	89119
WALG6622	WALGREEN CO.	6101 W LAKE MEAD BLVD	LAS VEGAS	NV	89108
ADVA7852	ADVANCED CARE RX PHARMACY 1	7512 WESTCLIFF DR	LAS VEGAS	NV	89145
SMIT6700	SMITH'S PHARMACY #305	3602 E BONANZA RD	LAS VEGAS	NV	89110
TRIN1363	TRINITY PHARMACY LLC	2797 S MARYLAND PKWY	LAS VEGAS	NV	89109
CITY5606	CITY CENTRE PHARMACY	2290 MCDANIEL ST	NORTH LAS VEGAS	NV	89030
CNS 8639	CNS SCRIPS, LLC	6625 S VALLEY VIEW BLVD	LAS VEGAS	NV	89118
SILV6924	SILVER STATE PHARMACY LLC	1591 N BUFFALO DR	LAS VEGAS	NV	89128
WALG9623	WALGREEN CO.	900 N RANCHO DR	LAS VEGAS	NV	89106
986 3894	986 SPECIALTY PHARMACY #2 INC.	321 N BUFFALO DR	LAS VEGAS	NV	89145
WALG5594	WALGREEN CO.	6390 BOULDER HWY	LAS VEGAS	NV	89122
WALG7522	WALGREEN CO.	4470 E BONANZA RD	LAS VEGAS	NV	89110

Store ID	Name	Address	City	State	Zip
US P4957	US PHARMACY LLC	3871 S VALLEY VIEW BLVD	LAS VEGAS	NV	89103
WALG3977	WALGREEN CO.	2280 LAS VEGAS BLVD N	NORTH LAS VEGAS	NV	89030

Therapeutic Class Summary

Therapeutic Class 4	Script Count	Patient Count	Pharmacy Count
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT	1	1	1
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC	4	4	2
ANTICONVULSANTS, MISCELLANEOUS	5	3	3
WAKEFULNESS-PROMOTING AGENTS	1	1	1
BENZODIAZEPINES (ANTICONVULSANTS)	2	1	1
OPIATE AGONISTS	65	40	15
ANTITUSSIVES	26	11	3
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP)	25	18	8

Disclaimer:

By proceeding beyond this page and accessing this Prescription Monitoring Program (PMP) system, I certify that I am currently registered and authorized to prescribe or dispense controlled substances, or the duly authorized delegate thereof. I understand that my use of this PMP system is permitted only in connection with providing medical or pharmaceutical care to a patient, which includes evaluating a patient for medical treatment, and only to the extent authorized by law. I understand that my access to or disclosure of any PMP data for any purpose not authorized by law may subject me to disciplinary action, civil penalties, or criminal prosecution. I further understand that I must treat the information in the PMP system as confidential, just as I would any other protected health information. I will protect any PMP information in my possession in accordance with Federal and state laws governing protected health information. I understand that I am responsible for all use of my username and password. I will never share my password with anyone, including my co-workers and staff. If my authentication or password is lost or compromised, I agree to notify the PMP immediately. I understand the PMP will monitor for unusual or potentially unauthorized use of the system.



6625 S VALLEY VIEW BLVD STE 100
LAS VEGAS NV 89118
(702) 731-4800 voice
(702) 731-4807; 702-410-9430 fax
Info@cnscrips.com

F A X

To: NV BOARD OF PHARMACY
Fax number: 775-687-5161

From: MARIANNE, RPH
Voice number: (702) 731-4800

Date: **AUG 30 2023**

Regarding: **HARD COPY REQUEST**

Number of pages including cover: **5**

Comments:

TO DARLA,

HERE ARE THE 4 REQUESTED HARD COPIES AS DISCUSSED ON THE PHONE.

RX 539214

RX 539168

RX 538255

RX 537540

PLEASE LET US KNOW IF YOU NEED ANY ADDITIONAL INFORMATION.

THANK YOU,


MARIANNE BENAVIDEZ RPH

This fax message is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply fax and destroy all copies of the original message

CNS SCRIPTS LLC

6625 S Valley View Blvd STE 100-102 LAS VEGAS, NV 89118

Phone #: 702-731-4800

Fax #: 702-731-4807

ELECTRONIC PRESCRIPTION

Date & Time: 07-17-2023 09:08:30 AM Message ID: B2BFD2A5EE114DCCA1023B7D8F19C51
Msg Type: New Rx E
Filed as Rx #: 539214 Relates to: 8833b259b96d4824b4c18473a93a23d2
Presc Ord #: B2BFD2A5EE114DCCA1023B7D8F19C51E

Patient Name: P [REDACTED] T [REDACTED] DOB: [REDACTED] 1989
Address: [REDACTED] Gender: Female
Other Phone #: [REDACTED]

Phone #: [REDACTED]

E-Prescribed by: AGU, AJANMOBI C Clinic Name: Ajanmobi Agu
Address: 2235 e flamingo rd
128
Las Vegas NV 89119 US
Phone #: 725-204-6853 Fax #: 725-204-6077
SPI #: 6029813236004 State Lic #: 8857
DEA #: FA4195469 NPI #: 1336453927

Drug Name: fentanyl 50 MCG/HR Transdermal Patch 72 Hour Quantity: 5 (five)
Units: Each
DEA Schedule: Schedule II (C2) Written Date: 07-17-2023
Ref Qual: SCD - RxNorm Semantic Effective Date: 07-17-2023
Clinical Drug Days Supply: 10
Reference #: 245135 DAW: 0
Directions: 1 patch transdermally every 2 days FOR CHRONIC PAIN (G88.29) Refills: 0 (zero)

CNS SCRIPS LLC

6625 S Valley View Blvd STE 100-102 LAS VEGAS, NV 89118

Phone #: 702-731-4800

Fax #: 702-731-4807

ELECTRONIC PRESCRIPTION

Date & Time: 07-17-2023 08:39:22 AM Message ID: 2EA04F85810445328FC703522AC02DCD
Msg Type: New Rx Relates to:
Filled as Rx #: 539168 Presc Ord #: 2EA04F85810445328FC703522A042DCD

Patient Name: R [REDACTED] DOB: [REDACTED] 1955
Address: [REDACTED] Gender: Female
Phone #: [REDACTED] Other Phone #: [REDACTED]

E-Prescribed by: AGU, AJUMOBIC Clinic Name: Ajunobi Agu
Address: 2235 e fleming rd
128
Las Vegas NV 89119 US
Phone #: 725-204-6868 Fax #: 725-204-9077
SPI #: 6029613239004 State Lic #: 8857
DEA #: FA4195469 NPI #: 1036453927

Drug Name: HYDROcodone-
Acetaminophen 10-325 MG
Oral Tablet Quantity: 28 (twenty-eight)
Units: Tablet
DEA Schedule: Schedule II (C2) Written Date: 07-17-2023
Ref Qual: SCD - RxNorm Semantic Effective Date: 07-17-2023
Clinical Drug Days Supply: 7
Reference #: 855999 DAW: 0
Directions: 1 tablet orally every 6 hours/as needed for pain
m25.55 Refills: 0 (zero)

CNS SCRIPS LLC

6525 S Valley View Blvd STE 100-102 LAS VEGAS, NV 89118

Phone #: 702-731-4800

Fax #: 702-731-4807

ELECTRONIC PRESCRIPTION

Date & Time: 07-12-2023 05:53:15 AM Message ID: C5F7B7AEF7DD4544B3E035645153B5FE
Msg Type: New Rx Relates to:
Filled as Rx #: 538255 Presc Ord #: 25043511

Patient Name: P. [REDACTED] A. [REDACTED] DOB: [REDACTED] 999
Address: [REDACTED] Gender: Female

E-Prescribed by: AGU, AJUMOB
Address: 7935 W Sahara Ste 102
Las Vegas, NV 89117 US
Phone #: 818-687-2088 Email Address: dragu1158555@gmail.com
Fax #: 725-204-5826
SPL #: 5028513238005 DEA #: FA4195469
NPI #: 1335453927

Drug Name: Aprazepam 2mg Tablet Quantity: 90 (ninety)
DEA Schedule: Schedule IV (C4) Unit: Tablet
Ref Qual: SBD - RxNorm Semantic Written Date: 07-12-2023
Branded Drug Effective Date: 06-11-2023
Reference #: 197322 DAW: 0
Directions: (Dosage: one Tab) every 6 hours as needed Refills: 0 (zero)
Notes: Payer: H Anxiety disorder, unspecified
F41.9 30 days supply

CNS SCRIPS LLC

8826 S Valley View Blvd STE 100-102 LAS VEGAS, NV 89118

Phone #: 702-731-4800

Fax #: 702-731-4807

ELECTRONIC PRESCRIPTION

Date & Time: 07-10-2023 09:54:10 AM Message ID: 541632ACE34445AF8390D9C980CC954
Msg Type: New Rx Relates to: a6522477b98741ec815c40a04481cb39
Filled as Rx #: 537540 Presc Ord #: 541602ACE34445AF8390D9C980CC954

Patient Name: T [REDACTED] V [REDACTED] DOB: [REDACTED] 1947
Address: [REDACTED] Gender: Female
Other Phone #: [REDACTED]
Phone #: [REDACTED]

E-Prescribed by: AGU, AJUMABI G Clinic Name: Ajumabi Agu
Address: 2235 e flamingo rd
128
Las Vegas NV 89118 US
Phone #: 725-204-6858 Fax #: 725-204-8077
SPI #: 6329813238004 State Lic #: 8857
DEA #: FA4195459 NPI #: 1338453927

Drug Name: Percocet 10-325 MG Oral Quantity: 30 (thirty)
Tablet Units: Tablet
DEA Schedule: Schedule II (C2) Written Date: 07-10-2023
Ref Qual: SBD - RxNorm Semantic Effective Date: 07-10-2023
Branded Drug Days Supply: 10
Reference #: 1049625 DAW: 0
Directions: Take 1 tablet by mouth Refills: 0 (zero)
every 8 hours daily as
needed. M25.55

Rx # 51313

Authentic EPCS—received via DEA-approved processes.

New Rx

08/03/2023

Effective: 04/03/2023

Patient: P [REDACTED] J [REDACTED]
[REDACTED]

Phone: Work: Fax:

DOB: [REDACTED] 1963 Gender: F SSNO:

Drug: MS Contin 15mg Extended-Release Tablet

NDC: 42858051501

Quantity: 60 Tablet

0 - Substitution Allowed

Sig: (Dosage: one tab) two times a day routine

Refills: 0

Prescriber: AGU, AJUMOB

7935 W Sahara Ste 102

Las Vegas, NV 89117

Phone: 8186972068 Fax: 7252045825

DEA: FA4195459

SPL: 5029813239005 NPI: 1336453927 Lic:

Order Number: 25488960

Notes:

Payer: I Chronic pain syndrome G89.4 30 days supply

Transmitted: 08/03/2023 12:14:53 PM Printed: 08/04/2023 9:10:48 AM

eScript Transmitted To: QHR PHARMACY WESTCLIFF 7512 WESTCLIFF DRIVE LAS VEGAS, NV
89145 Store ID: 2992433This prescription meets the requirements of the Drug Enforcement Administration's electronic
prescribing for controlled substances rules (21 CFR Parts 1300, 1304, 1306 & 1311)

Rx # 530545

Authentic EPCS—received via DEA-approved processes

New Rx

07/24/2023

Effective: 06/07/2023

Patient: S [REDACTED] M [REDACTED]
[REDACTED]

Phone: Work: Fax:

DOB: [REDACTED] 1953 Gender: M SSNO:

Drug: Promethazine Hydrochloride/Codeine Phosphate
6.25mg-10mg/5mL Solution
NDC: 70752019312
Quantity: 440 Milliliter

0 - Substitution Allowed

Sig: (Dosage: 10 ml) every 8 hours as needed

Refills: 0

Prescriber: AGU, AJUMOB

7935 W Sahara Ste 102

Las Vegas, NV 89117

Phone: 8186972068 Fax: 7252045825

DEA: FA4195459

SPL: 5029813239005 NPI: 1336453927 Lic:

Order Number: 25272906

Notes

Payer: H Cough, unspecified R05.9 15 days supply

Transmitted: 07/24/2023 9:31:35 AM Printed: 07/24/2023 5:09:48 PM

eScript Transmitted To: QHR PHARMACY WESTCLIFF 7512 WESTCLIFF DRIVE LAS VEGAS, NV
89115 Store ID 2992433

This prescription meets the requirements of the Drug Enforcement Administration's electronic
prescribing for controlled substances rules (21 CFR Parts 1300, 1304, 1306 & 1311).

Rx # 530544

Authentic EPCS—received via DEA-approved processes.

New Rx

07/24/2023

Effective 04/14/2023

Patient: P [REDACTED] A [REDACTED]
[REDACTED]

Phone: Work: Fax:

DOB: [REDACTED] 1959 Gender: F SSNO:

Drug: Promethazine Hydrochloride/Codeine Phosphate
6.25mg-10mg/5mL Solution
NDC: 70752019312
Quantity: 440 Milliliter

0 - Substitution Allowed

Sig: (Dosage: 10 ml) every 8 hours as needed

Refills: 0

Prescriber: AGU, AJUMOB

7935 W Sahara Ste 102

Las Vegas, NV 89117

Phone: 8186972068 Fax: 7252045825

DEA: FA4195459

SPL: 5029813239005 NPI: 1036453927 Lic:

Order Number: 25272830

Notes:

Payer: H Cough, unspecified R05.9 15 days supply

Transmitted: 07/24/2023 9:30:03 AM Printed: 07/24/2023 5:08:12 PM

eScript Transmitted To: QHR PHARMACY WESTCLIFF 7512 WESTCLIFF DRIVE LAS VEGAS NV
89145 Store ID: 2992433This prescription meets the requirements of the Drug Enforcement Administration's electronic
prescribing for controlled substances rules (21 CFR Parts 1300, 1304, 1306 & 1311).

Rx # 51174

Authentic EPCS—received via DEA-approved processes.

New Rx

07/20/2023

Effective: 03/24/2023

Patient:

J

T

Phone: Work: Fax:

DOB: 1952 Gender: M SSNO:

Drug: Oxycodone Hydrochloride 10mg Tablet

NDC: 51407053001

Quantity: 120 Tablet

0 - Substitution Allowed

Sig: (Dosage: one Tab) every 6 hours as needed

Refills: 0

Prescriber: AGU, AJUMOB

7935 W Sahara Ste 102

Las Vegas, NV 89117

Phone: 8186972068 Fax: 7252045825

DEA: FA4195459

SPL: 5029813239005 NPI: 1336453927 Lic:

Order Number: 25199227

Notes:

Payer: I-Chronic pain syndrome G89.4 30 days supply

Transmitted: 07/20/2023 4:14:48 AM Printed: 07/20/2023 12:10:46 PM

eScript Transmitted To: QHR PHARMACY WESTCLIFF 7512 WESTCLIFF DRIVE LAS VEGAS, NV
89145 Store ID 2952433This prescription meets the requirements of the Drug Enforcement Administration's electronic
prescribing for controlled substances rules (21 CFR Parts 1300, 1304, 1306 & 1311)

Rx # 51169

Authentic EPCS—received via DEA-approved processes

New Rx

07/19/2023

Effective: 05/12/2023

Patient:

B C

Phone: Work: Fax:

DOB: 1952 Gender: F SSNO:

Drug: MS Contin 15mg Extended-Release Tablet

NDC: 42858051501

Quantity: 60 Tablet

0 - Substitution Allowed

Sig: (Dosage: one tab) every 12 hours routine

Refills: 0

Prescriber: AGU, AJUMOBI

7935 W Sahara Ste 102

Las Vegas, NV 89117

Phone: 8186972068 Fax: 7252045825

DEA: FA4195459

SPE: 5029813239005 NPI: 1336453927 Lic:

Order Number: 25188556

Notes

Payer: H Other: intervertebral disc degeneration, lumbar region M51.36 30
days supply

Transmitted: 07/19/2023 9:56:28 AM Printed: 07/19/2023 8:58:59 PM

eScript Transmitted To: QHR PHARMACY WESTCLIFF 7512 WESTCLIFF DRIVE LAS VEGAS NV
89145 Store ID: 2992433

This prescription meets the requirements of the Drug Enforcement Administration's electronic
prescribing for controlled substances rules (21 CFR Parts 1300, 1304, 1306 & 1311).

Rx # 530847

Authentic EPCS—received via DEA-approved processes

New Rx

09/04/2023

Effective: 03/23/2023

Patient: P [REDACTED], J [REDACTED]
[REDACTED]

Phone: Work: Fax:

DOB: [REDACTED] 1963 Gender: F SSNO: [REDACTED]

Drug: Pregabalin 150mg Capsule

NDC: 00228286009

Quantity: 60 Capsule

0 - Substitution Allowed

Sig: (Dosage: one Cap) two times a day

Refills: 0

Prescriber: AGU, AJUMOB

7935 W Sahara Ste 102

Las Vegas, NV 89117

Phone: 8186972068 Fax: 7252045825

DEA: FA4195459

SPl: 5029813239005 NPI: 1336453927 Lic: [REDACTED]

Order Number: 26085234

Notes

Payer: [REDACTED]

Transmitted: 09/04/2023 11:00:32 AM Printed: 09/05/2023 12:08:25 PM

eScript Transmitted To: QHR PHARMACY WESTCLIFF 7512 WESTCLIFF DRIVE LAS VEGAS, NV 89145 Store ID: 2992433

This prescription meets the requirements of the Drug Enforcement Administration's electronic prescribing for controlled substances rules (21 CFR Parts 1300, 1304, 1306 & 1311).

Rx # 51684

F11011

09/13/2023 12:10

#200 F 0017000

Careplus Hospice LLC

PHYSICIANS ORDER

7935 W Sahara Ste 102, Las Vegas, NV 89117 . Tel: (702) 644-8209 Fax: (725) 204-5825

PATIENT: [REDACTED] DOB: [REDACTED] 956 MR#: CHC024
ORDERED BY: Ajumobi Agu (MD) ORDER DATE: 09/13/23 ORDER#: 7461772
ALLERGIES: No known drug allergies

List of New/Refill Orders

09/13/23	Medication	New	Oxycodone Hydrochloride 20mg Tablet	20 mg	45 tab	one Tab	Oral	every 8 hours as needed	moderate to severe H pain	
*** Note: Chronic pain syndrome (G69.4), 15 days supply										

ADDITIONAL NOTE

Order clarified with MD. bottle container only. PLEASE FILL UP THE MEDICATION AS WE ARE HAVING ISSUES WITH OUR E-PRESCRIPTION SOFTWARE

PHONE ORDER / READ BACK ORDER BY GIDEON MENDOZA (RN) | Date: 09/13/2023 1:24 PM

Electronically Signed: 9/13/2023, By Ajumobi Agu, MD

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of this facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

[REDACTED] CH0024

Page 1 of 1

Agu019

0040

Rx # 51704

Careplus Hospice LLC

PHYSICIANS ORDER

7935 W Sahara Ste 102 Las Vegas, NV 89117 Tel: (702) 844-8208 Fax: (702) 204-5825

PATIENT: S [REDACTED] S [REDACTED] DOB: [REDACTED] 940 MR#: CH0026
ORDERED BY: Ajumobi Agu (MD) ORDER DATE: 09/14/23 ORDER#: 7468427
ALLERGIES: No Known Drug Allergies

List of New/Refill Orders

Start Date	Stop Date	Type	Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/14/23		Medication New	Oxycodone Hydrochloride 5mg Tablet	5 mg	45 tab	one Tab	Oral	every 6 hours as needed	moderate to severe pain (acute)	H
*** Note: Chronic pain syndrome (G69.4); 15 days supply										
09/14/23		Medication New	Naproxen 375mg Tablet	375 mg	90 tab	one Tab	Oral	every 6 hours as needed with food	anti-inflammatory (pain)	H

ADDITIONAL NOTE

Order clarified with MD, bottle container only. PLEASE FILL UP THE MEDICATION AS WE ARE HAVING ISSUES WITH OUR E PRESCRIPTION SOFTWARE

PHONE ORDER / READ BACK ORDER BY GIDEON MENDOZA (RN) | Date: 09/14/2023 1:48 PM

Electronically Signed: 9/14/2023, By Ajumobi Agu, MD

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged, confidential or otherwise protected by applicable law. It is intended only for the use of the individual(s) or entity named above. If the person receives this facsimile, or any other results of the facsimile is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please notify us immediately.

S [REDACTED] S [REDACTED] CH0026

Page 1 of 1

Agu020

0041

Rx # 530938

Careplus Hospice LLC

PHYSICIANS ORDER

7935 W Sahara Ste 102 Las Vegas, NV 89117 Tel: (702) 514-8209 Fax: (725) 204-5625

PATIENT: D ■■■■■ DOB: ■■■■■ 1900 MR#: CH0016
ORDERED BY: Ajumobi Agu (MD) ORDER DATE: 09/10/23 ORDER#: 7468333
ALLERGIES: No Known Drug Allergies

List of New/Refill Orders

Start Date	Stop Date	Type	Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
08/10/23		Medication New	Promethazine Hydrochloride/Codolone Phosphate 6.25mg-10mg/5mL Solution	10 mg	225 ml	5 ml	Oral	every 8 hours as needed	cough/congestion	H

*** Note: Cough unspecified (R05.9), 15 days supply

ADDITIONAL NOTE

Order clarified with MD, bottle container only. PLEASE FILL UP THE MEDICATION AS WE ARE HAVING ISSUES WITH OUR E-PRESCRIPTION SOFTWARE

PHONE ORDER / READ BACK ORDER BY GIDEON MENDOZA (RN) | Date: 09/14/2023 1:40 PM

Electronically Signed: 9/12/2023, By Ajumobi Agu, MD

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

D ■■■■■ CH0016

Page 1 of 1

Agu021

0042

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone #: 702-776-8210

Fax #: 702-776-7195

ELECTRONIC PRESCRIPTION

Date & Time: 09-11-2023 04:21:18 PM Message ID: C2C7ED918E4E4772B7DA8C3D14BBE78

Msg Type: New Rx

Filled 99 Rx #: 344925

Refills to: RTBSTS2023091116160905-X3CH

Prescription #: C2C7ED918E4E4772B7DA8C3D14BBE760

Patient Name: M [REDACTED] P [REDACTED] DOB: [REDACTED] 1958
 Address: [REDACTED] Gender: Female
 Other Phone #: [REDACTED]

Phone #: [REDACTED]

E-Prescribed by: [REDACTED] Clinic Name: [REDACTED] Agu
 Address: [REDACTED]

Phone #: [REDACTED] 204-5858 Fax #: [REDACTED] 9077
 SPI #: [REDACTED] 813235004 State: [REDACTED]
 DEA #: [REDACTED] 95459 NPI: [REDACTED]

Drug Name: [REDACTED] Quantity: [REDACTED]
 DEA Schedule: [REDACTED] Units: [REDACTED]
 Ref Qual: [REDACTED] Written Date: [REDACTED] 09-11-2023
 Reference #: [REDACTED] Effective Date: [REDACTED] 09-11-2023
 Directions: [REDACTED] Days Supply: [REDACTED] 30
 F41.9 take one tablet twice a day
 Refills: [REDACTED] 0 (zero)

Trinity Pharmacy

2797 S. Maryland Pkwy 2B Las Vegas, NV 89109

Phone #: 702-778-8210

Fax #: 702-778-7195

ELECTRONIC PRESCRIPTION

Date & Time: 09-11-2023 04:21:22 PM Message ID: BA1125D6A7C34332B5778D7AFAF1ACAF
Msg Type: New Rx Relates to: RYB6TS2023091116175C97-X32F
Filled as Rx #: 244891 Presc Ord #: BA1125D6A7C34332B5778D7AFAF1ACAF

Patient Name: M [REDACTED] P [REDACTED] DOB: [REDACTED] 1996
Address: [REDACTED] Gender: Female
Other Phone #: [REDACTED]

Phone #:

E-Prescribed by: [REDACTED] Clinic Name: [REDACTED]
Address: [REDACTED]

Phone #: [REDACTED] Fax #: [REDACTED]
SPL #: [REDACTED] State Lic #: [REDACTED]
DEA #: [REDACTED] NPI #: [REDACTED]

Drug Name: [REDACTED] 10-325 MG Oral Quantity: 90 (ninety)
Units: [REDACTED]
DEA Schedule: [REDACTED] Written: [REDACTED]
Ref Qual: [REDACTED] Effective Date: [REDACTED]
Branded Drug: [REDACTED] Days Supply: 30
Reference #: 1046825 DAW: 0
Directions: take one tablet three times a day m54.5 Refills: 0 (zero)

US Pharmacy LLC

3871 S Valley View Blvd Suite 13 **Electronic Rx (C2)**
Las Vegas, NV 89103
Phone :702-916-4622
Fax :702-916-4623

625F67400277A077B0761296C97620E

New-Rx

Request Date 9/6/2023 3:38:09 PM

Doctor Name: AGU, AJUMOB
Street :2235 e flamingo rd
City :Las Vegas, NV 89119
Doctor Phone : (725) 204-5658
Doctor Fax : (725) 204-9077
NPI :1336453927 DEA:FA4195459
SPI :5029813239004

Patient Name : a. b.
Patient Street:
Patient CityZp:
Patient Phone :
Patient SSN:
Patient D.O.B : 1979 Gender: F
Drug Name :oxyCODONE HCl 15 MG Oral Tablet
SIG :Take 1 tablet (15 mg) by mouth 4 times
daily M4.9.

Insurance Name:
Card Number :
Group Number :
Relation :
Issue Date :
Rx Written Dt : 2023-09-06
Rx EffectiveDt: 09/06/2023
Rx Number : New-Rx

Qty : 120 Tablet Days Sup : 30
Refills : 0 NDC : 00406851 501
Code : 1049611 DAW Code : 0 - Sub Allowed
Note :

Signed electronically by AGU, AJUMOB - PON: 6E5E83A05AE74C2E88E613966B762F0E
This prescription meets the requirements of the drug Enforcement Administration's electronic prescribing for controlled substance rules (21 CFR parts 1300, 1304, 1306, & 1311)

US Pharmacy LLC

3871 S Valley View Blvd Suite 13 **Electronic Rx (C4)**
Las Vegas, NV 89103
Phone :702-916-4622
Fax :702-916-4623

6DC4C0A8C4724EF1B0A07C473FC6F485

New-Rx 400396

Request Date 9/5/2023 4:52:27 PM

Doctor Name: AGU, AJUMOB
Street :2235 e flamingo rd
City :Las Vegas, NV 89119
Doctor Phone : (725) 204-5658
Doctor Fax : (725) 204-9077
NPI :1336453927 DEA:FA4195459
SPI :5029813239004

Patient Name : N. t.
Patient Street:
Patient CityZp:
Patient Phone :
Patient SSN:
Patient D.O.B : 1945 Gender: M
Drug Name :Xanax 2 MG Oral Tablet
SIG :take one tablet twice a day FA1 9

Insurance Name:
Card Number :
Group Number :
Relation :
Issue Date :
Rx Written Dt : 2023-09-05
Rx EffectiveDt: 09/05/2023
Rx Number : New-Rx 400396

Qty : 60 Tablet Days Sup : 30
Refills : 0 NDC : 0009009401
Code : 214004 DAW Code : 0 - Sub Allowed
Note :

Signed electronically by AGU, AJUMOB - PON: 6DC4C0A8C4724EF1B0A07C473FC6F485

This prescription meets the requirements of the drug Enforcement Administration's electronic prescribing for controlled substance rules (21 CFR parts 1300, 1304, 1306, & 1311)

Agu025

Advanced Options ▾

DEA: FA4195459

Search

MyRx History

Prescriber First Name	Prescriber Last Name	Role	DEA	Date Requested	Status
Ajumobi	Agu	Physician (MD, DO)	FA4195459	11/23/2021 01:54 PM	View Report
Ajumobi	Agu	Physician (MD, DO)	FA4195459	06/03/2021 12:07 PM	View Report
Ajumobi	Agu	Physician (MD, DO)	FA4195459	06/03/2021 12:06 PM	View Report
Ajumobi	Agu	Physician (MD, DO)	FA4195459	06/03/2021 12:05 PM	View Report
Ajumobi	Agu	Physician (MD, DO)	FA4195459	04/12/2021 06:28 PM	View Report

Exhibit 3



Administrative

Location 7935 W Sahara Ave LAS VEGAS, NV 89117
Occurred On (Date / Time) Sunday 7/16/2023 12:00:00 AM
Reporting Officer b20193h - Henricksen, Bryce
Entered By b20193h - Henricksen, Bryce
Related Cases

Or Between (Date / Time) Thursday 8/10/2023 12:00:00 AM
Reported On 10/10/2023
Entered On 10/10/2023 2:48:10 PM
Jurisdiction Clark County

Traffic Report

Place Type

Accident Involved

Offenses:

Poss Doc/Pers Id To Commit Forge/C-Felt(F)-NRS 205.465.2B
Completed Yes Domestic Violence
Entry Premises Entered
Weapons
Criminal Activities

Hate/Bias None (No Bias)
Type Security
Location Type Drug Store/Doctors Office/Hospital

Victims:

Name: AGU, Alumbol

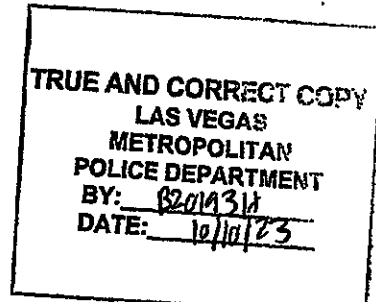
Victim Type Individual Written Statement Yes Can ID Suspect
Victim of 50896 - Poss Doc/Pers Id To Commit Forge/C-Felt(F)-NRS 205.465.2B
DOB 11/4/1958 Age 64 Sex Male Race Black or African American Ethnicity Not Hispanic or Latino
Height 5' 10" Weight 170 Hair Color Black Eye Color Black
Employer/School
Occupation/Grade
Injury Work Schedule Injury Weapons

Addresses

Residence 273 Far Away St Henderson, NV 89074 United States
Phones
Cellular (702) 528-7779

Offender Relationships

S - Singh, Darline Victim Was Acquaintance
Notes:



Person of Interest:

Name: Singh, Darline

Alias:

Scope ID DOB 5/22/1987 Age 36 Race White Ethnicity Not Hispanic or Latino
Sex Female Height Weight Hair Color Eye Color
Employer/School Occupation/Grade

Addresses

Business 7935 W Sahara Ave #102 Las Vegas, NV 89117 United States
Phones
Cellular (707) 530-8821
Notes: Owner of Careplus Hospice

Arrestees:

Witnesses:

Other Entities:

Properties: ()

Identity Documents (Formal to prove identity)

Stolen
Medical Paperwork

Model

.28 PM

Quantity 1

Value 00.00

Color

LLV231000032864

Serial No/VIN
Exhibit

4

Page 1 of 2

0048

Vehicle Year Body Type
Lic Plate # Lic Plate State Lic Plate Exp
Insurance Company
Owner V - AGU, Ajumobi
Notes:

Narrative

On 10/10/2023 at approximately 1408 hours AGU, Ajumobi DOB (11/04/1958) came into Records to report the following:

AGU stated that on 09/19/2023 at approximately 1200 hours he received a letter in the mail from the medical board stating that he was prescribing medications while his license was suspended between 07/16/2023-08/10/2023.

AGU stated he used to be the medical director of Careplus Hospice LLC before it was sold to Singh, Darline on 11/20/2022 with a 30 day transition period. Effective January 2023 AGU was no longer affiliated with Careplus Hospice LLC.

AGU stated that when he investigated he found out that Singh was sending controlled medications without his knowledge and authorization to QHR pharmacy located on 7515 Westcliff Dr. Las Vegas, Nevada 89145. AGU said that when his office asked the pharmacy, the clerk said it was being sent electronically to them but doesn't know what electronic medical record was used. AGU did not authorize any medications sent by this person as he was no longer affiliated with them since January 2023.

AGU stated that in July 2023 he met with Singh at his office, and she asked him to be her medical director, but nothing was signed or agreed upon. AGU stated that Singh has a current fraud case in California.

No further information.

Suspect:

- ☐ Cited ☐ Arrested ☐ Unknown
☐ City ☐ County
☐ Misdemeanor ☐ Gross Misdemeanor
☐ Felony

LAS VEGAS METROPOLITAN POLICE DEPARTMENT**VICTIM'S INFORMATION GUIDE**

Offense Poss possession to commit for 1st - 1st	Area Command SVAC	Event Number 11V23100 0032 864
---	----------------------	-----------------------------------

This report is important for you to keep as it is the only reference to your particular case and event number. If you need a copy of your report, it can be obtained at your local area command or the Records and Fingerprint Bureau for a nominal fee. You can also request a copy of your report online. Please visit LVMPD.com to see if your report qualifies for this service. Please allow **FIVE WORKING DAYS** after the report has been filed. Hours of operation and locations to local Area Commands can be found at LVMPD.COM.

ATTENTION: IT IS YOUR RESPONSIBILITY TO IMMEDIATELY NOTIFY THE LVMPD IF YOU SHOULD RECOVER YOUR STOLEN VEHICLE YOURSELF.

The department relies on a number of factors available in any report to assign a follow-up investigator. Experience has proven that certain information must normally be determined at the time of the initial investigation before a case has the potential for being solved. Without suspects, witnesses, evidence, or other investigative leads, a case cannot be solved except under special circumstances. For example, a suspect caught committing another crime is found with evidence linking him to this one, or he may confess to other crimes including this one. If you have any questions or additional information, please contact the detective handling your case at the appropriate telephone number listed below or complete an Additional Crime Information report. (Refer to the Event Number listed above.)

OBLIGATIONS OF CITIZENS FILING MISDEMEANOR CRIME REPORTS WITH LVMPD

1. If an arrest was not made, or if a citation was not issued, and you wish to pursue this matter, you must contact the detective assigned to handle your case at the appropriate number listed below, **AT LEAST TEN (10) BUSINESS DAYS AFTER THE REPORT HAS BEEN FILED**, Monday through Friday, 8:00 a.m. - 4:00 p.m. You may be required to testify against the defendant (suspect) if the case is prosecuted in the courts. All felonies will be investigated.
2. You must give the Event Number at the top of this page if you call about your case.
3. If the suspect in your case is arrested or cited for a misdemeanor, **DO NOT CONTACT THE DETECTIVE ASSIGNED TO YOUR CASE**. You may get information about the status of your case by contacting either the County or City Victim Advocates (listed below). The police department does not have any court information.
4. If this is a misdemeanor crime report and is for **INSURANCE PURPOSES ONLY** or **YOU DO NOT WISH TO PROSECUTE**, and no one has been arrested, please **DO NOT** contact the detective.
5. If no arrest has been made and you need victim assistance, you may contact a Victim Advocate from the Police Department at (702) 828-2955.

CONTACT TELEPHONE NUMBERS

Financial Crimes (Fraud/Forgery/ID Theft).....	(702) 828-3483	Bolden Area Command	(702) 828-3347
Abuse-Neglect.....	(702) 828-3364	Convention Center Area Command.....	(702) 828-3204
Homicide.....	(702) 828-3521	Downtown Area Command.....	(702) 828-4314
Missing Persons	(702) 828-2907	Enterprise Area Command	(702) 828-4809
Commercial Robbery.....	(702) 828-3591	Northeast Area Command	(702) 828-7355
Sexual Assault.....	(702) 828-3421	Northwest Area Command	(702) 828-8577
Records and Fingerprint Bureau	(702) 828-3271	Southeast Area Command	(702) 828-8242
		South Central Area Command.....	(702) 828-8639
		Spring Valley Area Command.....	(702) 828-2639
		Summerlin Area Command.....	(702) 828-9457

LVMPD VICTIM ADVOCATE: Provides crisis intervention, an assessment of the immediate needs of the victims and their families, initiates crime victim assistance paperwork, provides referrals to other agencies, and functions as a liaison with LVMPD personnel and other law enforcement agencies. For assistance, please call the LVMPD Victim Advocate at (702) 828-2955 Monday through Friday 7:00 a.m. - 4:00 p.m.

LAS VEGAS CITY ATTORNEY VICTIM/WITNESS ASSISTANCE: Provides specialized advocacy for victims of domestic violence or battery occurring within the City of Las Vegas. If you are a victim of domestic violence or battery and an arrest has been made or a citation has been issued, please contact the Las Vegas City Attorney's Victim Witness Advocate at (702) 229-2525.

CLARK COUNTY DISTRICT ATTORNEY VICTIM/WITNESS ASSISTANCE CENTER: Provides Justice Court and District Court case information and addresses any concerns you may have regarding your appearance as a witness. When you receive a subpoena to appear in a Justice Court or District Court case, please contact the Victim Witness Assistance Center at (702) 671-2525. If you move or have another address where you wish to receive a subpoena, please contact the advocates at the court.

ASSISTANCE TO VICTIMS OF VIOLENT CRIME: Victims of violent crime who are physically injured or victims of sexual assault may qualify for medical and counseling assistance from the State of Nevada under NRS 217. For information, contact the LVMPD Victim/Witness Advocate or the Nevada State Victims of Violent Crime Program at (702) 486-2740. Note: Applications for this service must be received within one year of the commission of the crime.

ASSISTANCE TO VICTIMS OF SEXUAL ASSAULT: Victims of sexual assault may be eligible for medical treatment and counseling under NRS 217. For information, call the Clark County District Attorney Victim Witness Assistance Center (702) 671-2525, or Rape Crisis Center at (702) 366-1640. Note: Applications for this service must be received within 60 days of the commission of the crime.

THREATS AND DISSUASION TO TESTIFY: Victims and witnesses threatened and/or asked not to testify or prosecute, should contact the detective assigned to the original case. You may also notify the prosecutor if you have already been assigned one.

**LAS VEGAS METROPOLITAN POLICE DEPARTMENT
VOLUNTARY STATEMENT**

"PRINT"

Event # LLV23100 0032864
"Click here to add/edit Event Number"

THIS PORTION TO BE COMPLETED BY OFFICER

Specific Crime <u>POSS DOC/pers 10 TO commit rage/c-kill</u>	Date Occurred <u>09/19/23</u>	Time Occurred <u>1200 hours</u>
Location of Occurrence <u>7935 W Sahara Ave.</u>	Sector/Beat <u>P1</u>	City <input type="checkbox"/> County <input checked="" type="checkbox"/>

Your Name (Last / First / Middle) <u>AGU AJUMOB I CHARLES</u>		Date of Birth <u>11/04/1958</u>	Social Security # <u>218-37-1045</u>
Race <u>M</u>	Sex <u>M</u>	Height <u>5'10</u>	Weight <u>170</u>
Hair <u>BLK</u>	Eyes <u>BLK</u>	Work Sched. (Hours) <u>273 FAR AWAY ST. HENDERSON</u>	Days Off <u>702 528 7779 NV 89074</u>
Residence Address (Number & Street) Bldg/Apt. # <u>273 FAR AWAY ST</u>		City <u>Henderson</u>	State <u>NV</u>
Zip Code <u>89074</u>		Res. Phone <u>702 528 7779 NV 89074</u>	Bus. Phone <u></u>
Business (Local) Address (Number & Street) Bldg/Apt. # <u>same as address above</u>		City <u></u>	State <u></u>
Zip Code <u></u>		Occupation <u>Medical Doctor</u>	Departure Date (if Visitor) <u></u>
Best place to contact you during the day: <u>273 FAR AWAY ST. HENDERSON</u>		Best time to contact you during the day: <u>Any time</u>	
Can you identify the Suspect?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

DETAILS: NV 89074

I am filing a fraud complaint against Darline Singh current owner of Careplus Hospice LLC located at 7935 W SAHARA AVE STE. 102 LV NV 89117. I used to be the Medical Director of Careplus Hospice LLC but it was sold to Darline Singh on Nov. 20, 2022 with a transition period of 30 days. Effective Jan 2023 I was no longer affiliated with Careplus Hospice LLC. On Sept. 19, 2023 I got letter from the medical Board stating that I was prescribing medications while my license was suspended between July 16 to August 10 which was a surprise to me. When I investigated I found out that Darline Singh was sending controlled medications without my knowledge and authorization to OAK pharmacy located at 7512 Westcliff Dr. Las Vegas NV 89145. When my office asked the pharmacy, the clerk said it is being sent electronically to them but doesn't know what Electronic Medical Record was used. I did not authorized any medications sent by this person as I was no longer affiliated with them since Jan-2023.

On July before my license got suspended, I remember meeting Ms. Singh at my office and was asking me to be her medical director but

<p>For Official Use Only</p> <p>TRUE AND CORRECT COPY LAS VEGAS METROPOLITAN POLICE DEPARTMENT BY: <u>820934</u> DATE: <u>10/10/23</u></p>
--

I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT

WAS COMPLETED AT (LOCATION) 410 S. Martin Luther King Blvd

ON THE 10 DAY OF October, 2023 AT 1546 ☐ A.M. ☒ P.M.

Witness/Officer: Bull (SIGNATURE)

Witness/Officer: Henricson 20193 (PRINTED) 20193 (SIGNATURE OF PERSON GIVING STATEMENT)

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
CONTINUATION

Event #: LLV231000032064

nothing was signed nor agreed upon. Therefore, this
is an identity theft and fraud. I also found out that she has a
current FRAUD case in California.



CAREPLUS HOSPICE LLC

2320 Paseo del Prado Ste B203B, Las Vegas, Nevada 89102 ♦ Phone: (702) 575-8558

Minutes of Meeting of the Governing Body December 30, 2022 2:00 PM

Location of Meeting: CAREPLUS HOSPICE LLC Office
2320 Paseo del Prado Ste B203B, Las Vegas, NV 89102

Present at Meeting: Ashley Flores
Elmer Pascual

The regular meeting of the Governing Body of CAREPLUS HOSPICE LLC was called to order at the said agency's office by Ashley Flores.

The Governing Body presented the resignation of the following effective January 1, 2023:

1. Ashley Flores as the Chairman of Governing Body
2. Elmer Pascual as Vice-Chairman of Governing Body
3. Dr. Ajumobi Agu as Medical Director

Darline Singh will take over as the Chairman of Governing Body of CAREPLUS HOSPICE LLC effective January 1, 2023.

The agenda for the meeting was distributed and unanimously approved.

The meeting was adjourned at 2:30 PM by Ashley Flores.

Minutes approved by:


ASHLEY FLORES
Chairman


ELMER PASCUAL

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

AJUMOBI CHARLES AGU, MD,
Certificate of Registration No. CS21324,

Respondent.

CASE NO. 22-535-CS-S

MEMORANDUM OF
RECOVERABLE ATTORNEY'S
FEES AND COSTS

TIMESHEET:	B. Kandt	\$4,000.62
TIMESHEET:	S. Hunting	\$41.77
Postage and delivery:		\$23.12
TOTAL		\$4,065.51

Timesheet for Shirley Hunting –

AJUMOBİ CHARLES AGU, MD, Certificate of Registration No. CS21324, Case No. 22-535-CS-S

Date	Hours	Activity
09/18/23	.25	Reviewed Accusation for filing
09/19/23	.75	Prepared Accusation for serving/mailing
<hr/>		
Total Hours:	1	
Rate:	41.77	
Total:	41.77	

NIAA Mailing Cost:

Standard Mail Rate: $\$1.83 \times 2 = \3.66

Certified Mail Rate: $\$9.73 \times 2 = \19.46

Total Postal Cost: **\$23.12**

Timesheet for Brett Kandt –

AJUMOBİ CHARLES AGU, MD, Certificate of Registration No. CS21324, Case No. 22-535-CS-S

<u>DATE</u>	<u>TIME</u>	
12/16/2022	2.50	
		Review complaint and settlement agreement in NSBME case no. 22-12518-1; confer with staff and initiate case.
7/13/2023	2.00	
		Review order of summary suspension in NSBME case no. 22-12518-1; confer with staff.
7/14/2023	1.75	
		Draft and serve notice of controlled substance registration suspension on respondent.
8/17/2023	0.50	
		Confer with staff regarding case status.
8/30/2023	6.50	
		Confer with staff and NSBME; review order lifting summary suspension in NSBME case no. 23-12518-1; review investigative case file; research and draft Notice of Intended Action and Accusation.
8/31/2023	2.25	
		Confer with staff and finalize Notice of Intended Action and Accusation for filing and service.
9/11/2023	1.00	
		Confer with Sina Jackson from respondent's practice regarding request for PMP access.
9/12/2023	1.50	
		Confer with staff regarding service of Notice of Intended Action and Accusation and investigation.
9/18/2023	0.50	
		Confer with staff regarding respondent's violation of suspension.
9/19/2023	1.50	
		Confer with staff regarding service of Notice of Intended Action and Accusation.
9/25/2023	2.50	
		Confer with staff and NSBME; review second order of summary suspension and complaint in NSBME case no. 23-12518-1.

<u>DATE</u>	<u>TIME</u>
-------------	-------------

9/27/2023	0.75
-----------	------

Confer with staff and NSBME regarding NSBME summary suspension in case no. 23-12518-1;

10/16/2023	1.25
------------	------

Confer with opposing counsel on extension to file Answer and Notice of Defense; confer with staff.

10/31/2023	0.75
------------	------

Review Answer and Notice of Defense; confer with staff.

11/16/2023	7.50
------------	------

Prepare for hearing; confer with staff and witnesses and prepare proposed exhibits.

11/28/2023	2.75
------------	------

Prepare for hearing, finalize proposed exhibits and documentation of fees and costs.

11/29/2023	1.50
------------	------

Prepare for hearing, review request for continuance from opposing counsel.

11/30/2023	1.50
------------	------

Confer with opposing counsel, continue hearing and confer with staff.

12/12/2023	0.75
------------	------

Review respondent's discovery request and confer with staff.

12/14/2023	1.50
------------	------

Review documents, conference with staff on response to respondent's discovery request.

12/18/2023	1.00
------------	------

Respond to respondent's discovery request.

12/26/2023	1.25
------------	------

Prepare for hearing; finalize proposed witnesses and exhibits and documentation of fees and costs.

1/8/2024	1.25
----------	------

Prepare for hearing; provide documentation of fees and costs to opposing counsel.

1/16/2024	1.00
-----------	------

Prepare for hearing.

1/17/2024	1.00
-----------	------

Hearing in Case 22-535-CS-S.

TOTAL 46.25 hours x \$86.50/hour = \$4,000.62

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

PLUS ONE PHARMACY, LLC,
License No. PH04369,

Respondent.

CASE NO. 21-189-PH-S

STIPULATION AND ORDER

Gustaf Vanderdonck, Assistant General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Plus One Pharmacy, LLC, License No. PH04369, by and through counsel, Chandon S. Alexander, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about October 26, 2023, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.
3. The Board and Respondent agreed to delay the date for submitting a Notice of Answer and Defense as both parties pursued settlement negotiations.
4. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to them pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).
6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives their rights to

a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent does not contest the allegations in the Accusation, but acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the violations alleged therein, *to wit*, that:

A. On or about November 5, 2021, Respondent's managing pharmacist noticed a large shipment of drugs that had been delivered to Respondent;

B. These drugs were ordered and received without the managing pharmacist's knowledge;

C. By ordering and receiving drugs without the knowledge of the managing pharmacist, Respondent has engaged in conduct contrary to the public interest in receiving and allowing access to drugs in an improper manner in violation of NRS 639.210(4); NAC 639.510; NAC 639.520; NAC 639.523; and NAC 639.945(1)(i);

8. These violations are pleaded with particularity in the Accusation and are grounds for action pursuant to NRS 639.210; NRS 639.255; NAC 639.945;

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding their duties and responsibilities to disclose board citations and administrative actions under Chapter 639;

B. Respondent's Pharmacy License No. PH04369 shall be suspended for a period of one (1) year, however, that suspension shall be stayed so long as Respondent is not found to have violated any other provisions of NRS Chapters 639, 453, 454, or any federal provision related to drugs or pharmacy. Upon completion of the one-year stayed suspension

period, Respondent's Pharmacy License No. 04369 shall be automatically reinstated so long as Respondent complies with all terms of this Stipulation;

C. Respondent shall pay Five Thousand Dollars and Zero Cents (\$5,000.00) for the alleged violations, payable by *cashier's check* or *certified check* or *money order* made payable to **"State of Nevada, Office of the Treasurer,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order;

D. Respondent shall pay a fine of Two Thousand Dollars and Zero Cents (\$2,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to **"Nevada State Board of Pharmacy,"** to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order;

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an Order to Show Cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. The Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 639;

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on March 6, 2024. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting;

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330;

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and agreement herein may not be used or referred to in a full hearing on the merits of this matter;

14. This matter will be reported to the National Practitioner Data Bank as required by 45 C.F.R. §§ 60.3; 60.5; and 60.9;

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 28 day of February, 2024

Signed this 28th day of February, 2024



REPRESENTATIVE FOR PLUS ONE
PHARMACY, LLC,
Pharmacy License No. PH04369



GUSTAF A. VANDERDONCK, ESQ.
Assistant General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this 28 day of February, 2024



CHANDON S. ALEXANDER, ESQ.
Spartacus Criminal Defense Lawyers – Las
Vegas
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Plus One Pharmacy, LLC, Pharmacy License No. PH04369, in Case No. 21-189-PH-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of March, 2024.

Helen Park, President
Nevada State Board of Pharmacy

Hello, how can I help?

Cassie

Pharmacy Technician

♥ **CVS** pharmacy™

Ex A

0064



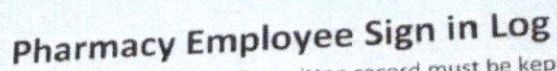
EXB

Pharmacy Employee Sign in Log

Pursuant to Nevada Administrative Code 639.245 a written record must be kept available for inspection showing the Pharmacists, Technicians and Technician-in-training on duty during the hours of business. The record shall be kept on file at the store for a minimum of 2 years.

This log should be kept on file at the store for a minimum of 2 years.

[illegible]
$$\Sigma_X C$$



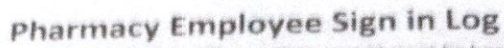
Pharmacy Employee Sign in Log

Pharmacy Employee Sign in Log

Pursuant to Nevada Administrative Code 639.245 a written record must be kept available for inspection showing the Pharmacists, Technicians and Technician-in-training on duty during the hours of business. This log should be kept on file at the store for a minimum of 2 years.

	Shift Worked	Initials used
--	--------------	---------------

[illegible]



Date	Employee Name (Print)	Title	Shift Worked	Initials used
12/15	Sonia Avalos	PT	5:30 - 9:45am	SA
12/15	Doree	PT	7-2	DB
12/15	Eva Diaz	PT	8:30 - 5:30pm	ED
12/15	Wenylan E	PT - 9:15 - 5pm clerk	9:15 - 5pm	WE
12/15	Katelynn Tan	PT - clerk	1000 - 1700	KT
12/15	K. Chantill	PT clerk	10:30 - 5	KC
12/15	Daniel Lutz	PT	5-10 pm	DL
12/15	Terrell Davis	PT	9:30 AM	TD



ATTACHMENT 1

Complaint

Case # 23-126-S
CVS Pharmacy #8821

Darlene Nases

From: Unique Martin [REDACTED]
Sent: Wednesday, April 5, 2023 9:02 AM
To: Darlene Nases
Subject: Re: NVBOP Complaint - Need more information

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Hello, I deeply apologize I did not realize my complaint had gone all the way through. I was waiting to gather more information. However, my complaint is in regards to CVS Pharmacy on 8320 West Cheyenne Ave, Las Vegas, NV 89128.

The pharmacy is not complying with the pharmacist to technician ratio of 1:3. On any given weekday there is only one single pharmacist on duty from 8am to 9pm. From 8am to 7pm there is five to six technicians to accompany the one pharmacist. From 7pm to 9pm there can be up to four technicians.

I decided to bring this to your attention due to concern for public safety as the pharmacist on duty is overwhelmed with the workload. As far as my knowledge goes no mistakes have been made yet, but it is of my concern that there will be.

On Wed, Apr 5, 2023 at 8:41 AM Darlene Nases <dnases@pharmacy.nv.gov> wrote:

Hello Unique,

I called on 4/4/23 requesting more information regarding a complaint that you submitted.

However, I received no call back.

I am emailing because the complaint that you submitted has not information regarding the pharmacy address or what the issue is.

Can you please provide so that we can know what to look into and have an investigator look into it?

Regards,

Darlene Nases

Assistant Board Coordinator

Nevada State Board of Pharmacy

(775) 850-1440

dnases@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.



ATTACHMENT 2

Site visit pictures

Case # 23-126-S
CVS Pharmacy #8821

Date: 4/18/23 Shift: 8P to 8A
Pharmacist Name (printed): Stuart Heine
License #: 16055
Signature: Stuart Heine

Date: 4/19/23 Shift: 8am to 4pm
Pharmacist Name (printed): Eyring Amy
License #: 1971
Signature: [Signature]

Date: 4/19/23 Shift: 8P to 8A
Pharmacist Name (printed): Stuart Heine
License #: 16055
Signature: Stuart Heine

Date: 4/19/23 Shift: 8am to 4pm
Pharmacist Name (printed): Eyring Amy
License #: 1971
Signature: [Signature]

Date: 4-10-23 Shift: 9P to 8A
Pharmacist Name (printed): Eyring Hannah
License #: 20512
Signature: [Signature]

Date: 4/11/23 Shift: 8A to 3P
Pharmacist Name (printed): Stryker
License #: 14889
Signature: [Signature]

Date: 4-11-23 Shift: 4P to 8P
Pharmacist Name (printed): Eyring Hannah
License #: 20512
Signature: [Signature]

CVS/pharmacy

Date: 4/10/2023

Date: 4/10/2023				
Print Name	Job Title	Shift START	Shift END	Signature/Initial
D. Fork	PT	7	2	Y
Wenlyen Enriquez	PT	8:30 AM	5 PM	WE
Cassandra Fifield	PT	9a	7p	(C)
Sonra Avalos	PT	9	5p	SA
Michael Pule	PT	4:57 PM	1:33 AM	MP

"the date and reason for closure (i.e., holiday, weather, etc.)."

Date: 4/16/23 Shift: 8am to 9pm
 Pharmacist Name (printed): 10085 Tony Lee
 License #: 14889
 Signature: [Signature]

Date: 4-17-23 Shift: 9a to 8a
 Pharmacist Name (printed): Kevin Hirsch
 License #: 20212
 Signature: [Signature]

Date: 4/18/23 Shift: 8A to 7P
 Pharmacist Name (printed): 14889 Tony Lee
 License #: 14889
 Signature: [Signature]

Date: 4/17/23 Shift: 9P to 8P
 Pharmacist Name (printed): 16085 Kevin Hirsch
 License #: 16085
 Signature: [Signature]

Date: 4/14/23 Shift: 8A to 7P
 Pharmacist Name (printed): 14889 Tony Lee
 License #: 14889
 Signature: [Signature]

Date: 4/14/23 Shift: 9P to 8P
 Pharmacist Name (printed): 16085 Kevin Hirsch
 License #: 16085
 Signature: [Signature]

Date: 4/18/23 Shift: 8am to 3pm
 Pharmacist Name (printed): 19988 Tony Lee
 License #: 19988
 Signature: [Signature]

CVS/pharmacy

"If closed for any the date and rea: holiday, weather

Date: 4/15/23
 Pharmacist Name (printed): 14
 License #: 14
 Signature: [Signature]

Date: 4/17/23
 Pharmacist Name (printed): 160
 License #: 160
 Signature: [Signature]

Date: 4/14/23
 Pharmacist Name (printed): 16
 License #: 16
 Signature: [Signature]

Date: 4/17/23
 Pharmacist Name (printed): 16
 License #: 16
 Signature: [Signature]

Date: 4/17/23
 Pharmacist Name (printed): 16
 License #: 16
 Signature: [Signature]

Date: 4/17/23
 Pharmacist Name (printed): 16
 License #: 16
 Signature: [Signature]

Pharmacy Daily Sign-In Log

Date: 4/14/23

Print Name	Job Title	Shift START	Shift END	Signature/Initial
Sonra Alvarez	PT	7am	1:30	8A
Wendylen Enriquez	PT	8am	5pm	er
Isaac Aguirre	PT	10am	5pm	[Signature]
Cassandra Fitchel	PT	9a	6p	[Signature]
Michael Puly	PT	5pm	1:37am	[Signature]

NVBOP - 006

0075

the date and location of the event, the holiday, weather, etc.)"

Date: 4/15/23 Shift: 3p to 8p
 Pharmacist Name (printed): Samir Singh
 License #: 14889
 Signature: [Signature]

Date: 4/17/23 Shift: 8p to 8a
 Pharmacist Name (printed): Stuart Heine
 License #: 16085
 Signature: Stuart Heine

Date: 4/16/23 Shift: 8m to 8p
 Pharmacist Name (printed): By N/A
 License #: (blank)
 Signature: (blank)

Date: 4/16/23 Shift: 8pm to 5AM
 Pharmacist Name (printed): Stuart Heine
 License #: 16085
 Signature: Stuart Heine

Date: 4/17/23 Shift: 8m to 9p
 Pharmacist Name (printed): [Signature]
 License #: 19000
 Signature: [Signature]

Date: 4/17/23 Shift: 9p to 5A
 Pharmacist Name (printed): Stuart Heine
 License #: 16085
 Signature: Stuart Heine

Date: 4/18/23 Shift: 8a to 9p
 Pharmacist Name (printed): Samir Singh
 License #: 14889
 Signature: [Signature]

CVS/pharmacy

Pharmacy Daily Sign-In Log

Date: 4/17/23

Print Name	Job Title	Shift START	Shift END	Signature/Initial
D Poole	PT	7	2	<u>[Signature]</u>
Sonra Avalos	PT	8:00am	5p	<u>SA</u>
Wenglen Enriquez	PT	8:30 am	5:30pm	<u>WE</u>
Cassandra Fifield	PT	10a	7p	<u>[Signature]</u>
Isaac Aguirre	PT	2pm	9pm	<u>[Signature]</u>
Michael Pulu	PT	5pm	1:30am	<u>[Signature]</u>

Pharmacy Daily Sign-In Log

Date: 4/18/23

Print Name	Job Title	Shift START	Shift END	Signature/Initial
Ofogh	PT	7	2	<i>[Signature]</i>
Cassandra Field	PT	10a	7p	<i>[Signature]</i>
Sonia Areale	PT	8:30	5p	8A
Wendy Enyon	PT	10:30 Am	5pm	<i>[Signature]</i>
Michael Pulu	PT	4:55pm	1:30am	<i>[Signature]</i>

use date and location for holiday, weather, etc.)

CVS/pharmacy

Date: 4/18/23 Shift: 3p to 8p
 Pharmacist Name (printed): [Signature]
 License #: 14889
 Signature: [Signature]

Date: 4/19/23 Shift: 8p to 8A
 Pharmacist Name (printed): [Signature]
 License #: 16085
 Signature: [Signature]

Date: 4/19/23 Shift: 8m to 8p
 Pharmacist Name (printed): [Signature]
 License #: 14889
 Signature: [Signature]

Date: 4/17/23 Shift: 9p to 8A
 Pharmacist Name (printed): [Signature]
 License #: 16085
 Signature: [Signature]

Date: 4/17/23 Shift: 8m to 9p
 Pharmacist Name (printed): [Signature]
 License #: 16085
 Signature: [Signature]

Date: 4/18/23 Shift: 8A to 7p
 Pharmacist Name (printed): [Signature]
 License #: 14889
 Signature: [Signature]

Pharmacy Daily Sign-In Log

Pharmacy Daily Sign-In Log

Date: 4/19/20

Print Name	Job Title	Shift START	Shift END	Signature/Initial
Elia Diaz	PT	8:50am	4pm	<i>[Signature]</i>
SONIA Avalos	PT	8:30	4pm	SA
Wendy Lee Enrigz	PT	9am	5:30pm	<i>[Signature]</i>
Brie Ndan	PT	8:30	3:00pm	Bu
Alexandra Field	PT	10a	7p	<i>[Signature]</i>

The undersigned pharmacist hereby attests that all prescription information entered on the date indicated has been reviewed by the pharmacist and is correct.

"If closed for any reason, please provide the date and reason for closure (i.e., holiday, weather, etc.)."

Date: 4/19/20 Shift: 8:50am to 4pm
 Pharmacist Name (printed): Elia Diaz
 License #: 14778
 Signature: *[Signature]*

Date: _____ Shift: _____ to _____
 Pharmacist Name (printed): _____
 License #: _____
 Signature: _____

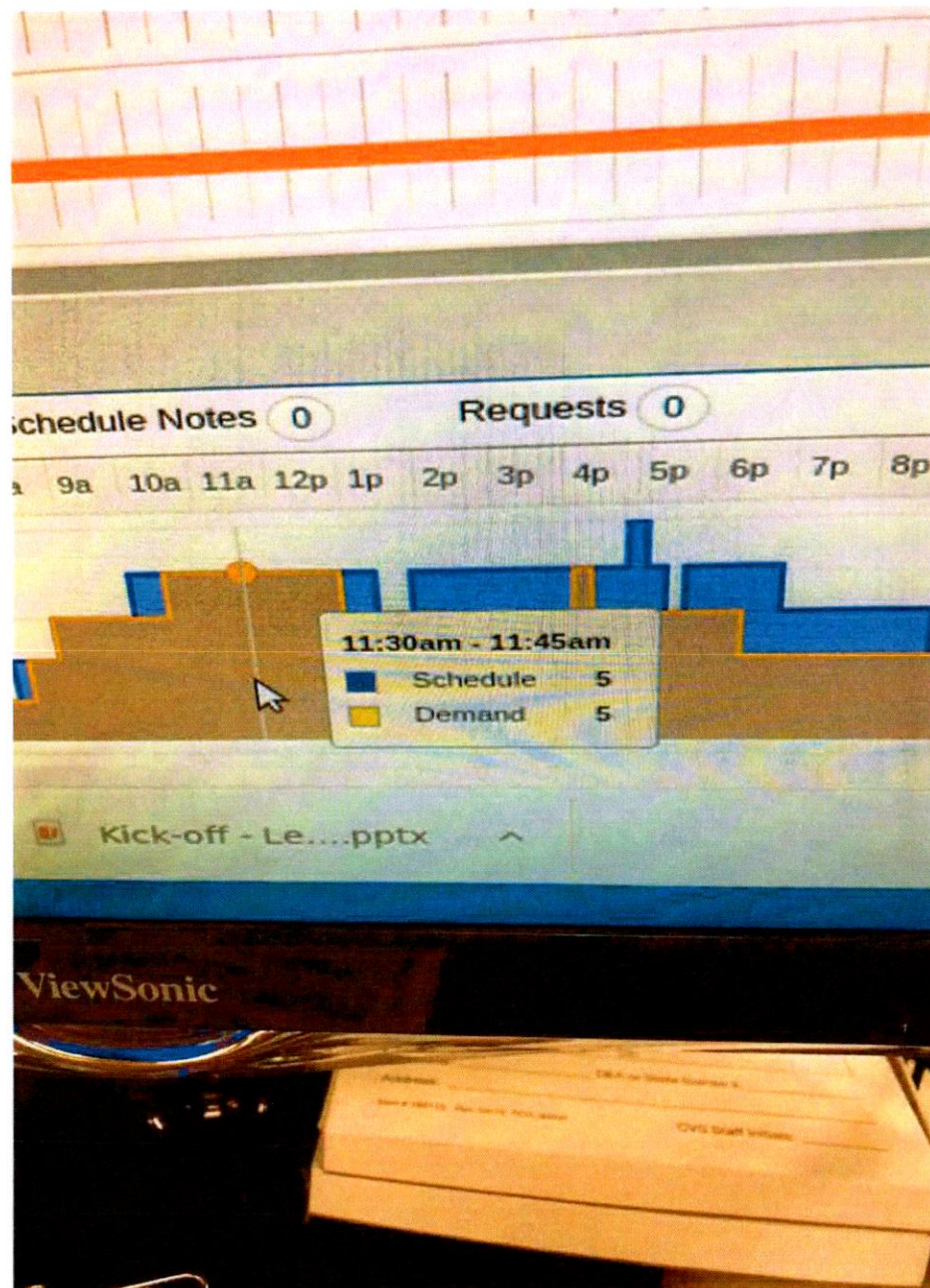
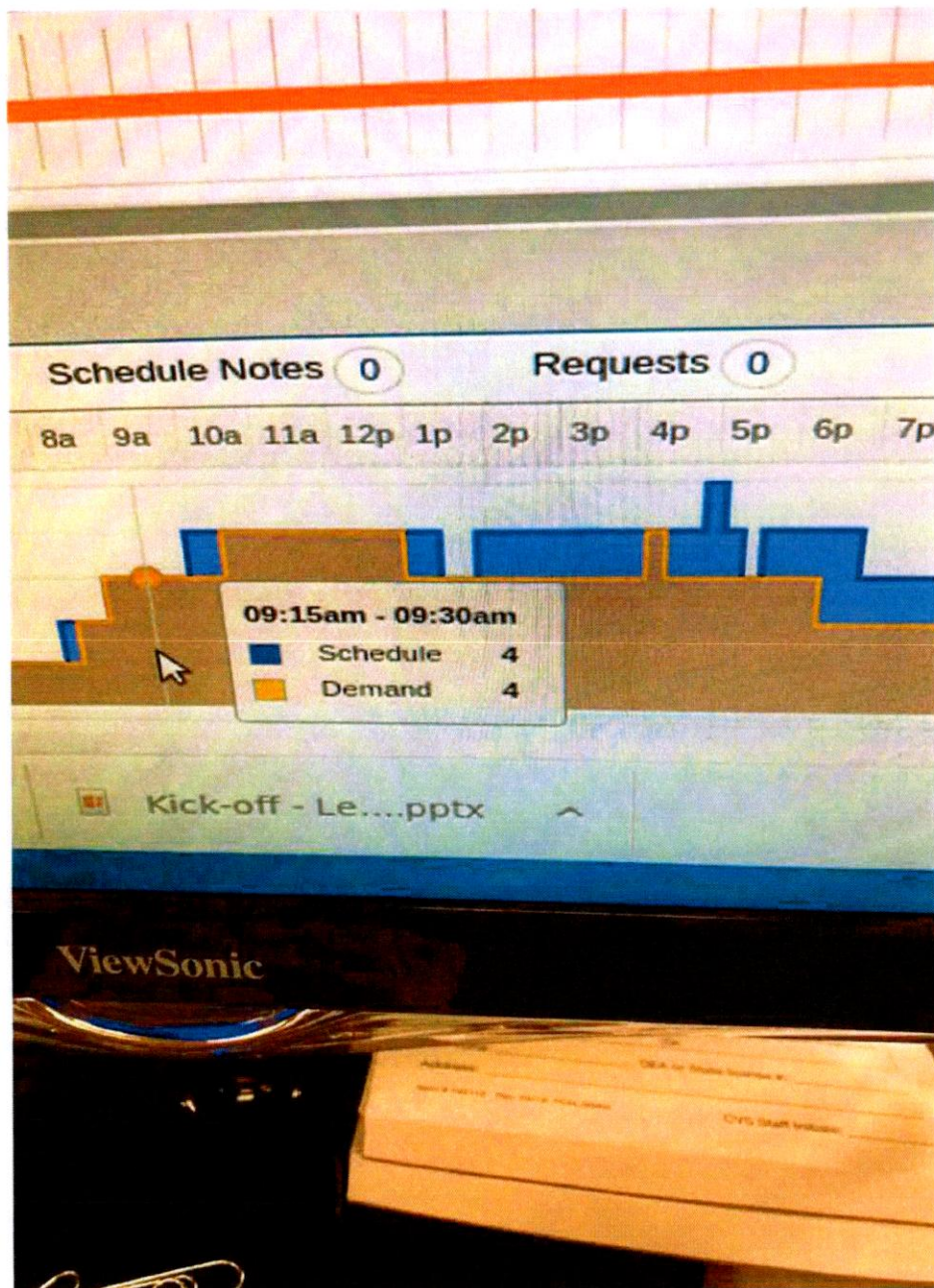
Date: _____ Shift: _____ to _____
 Pharmacist Name (printed): _____
 License #: _____
 Signature: _____

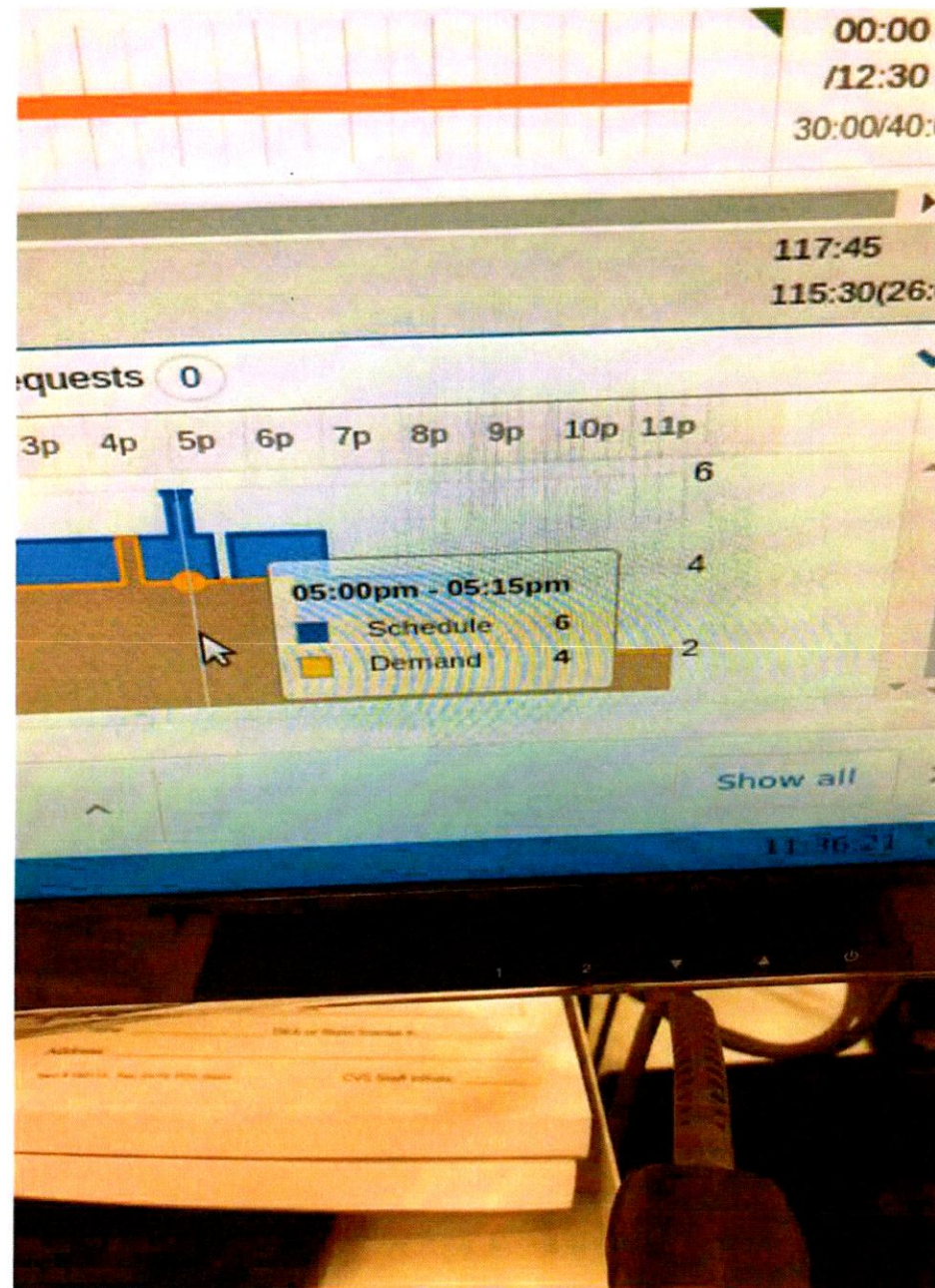
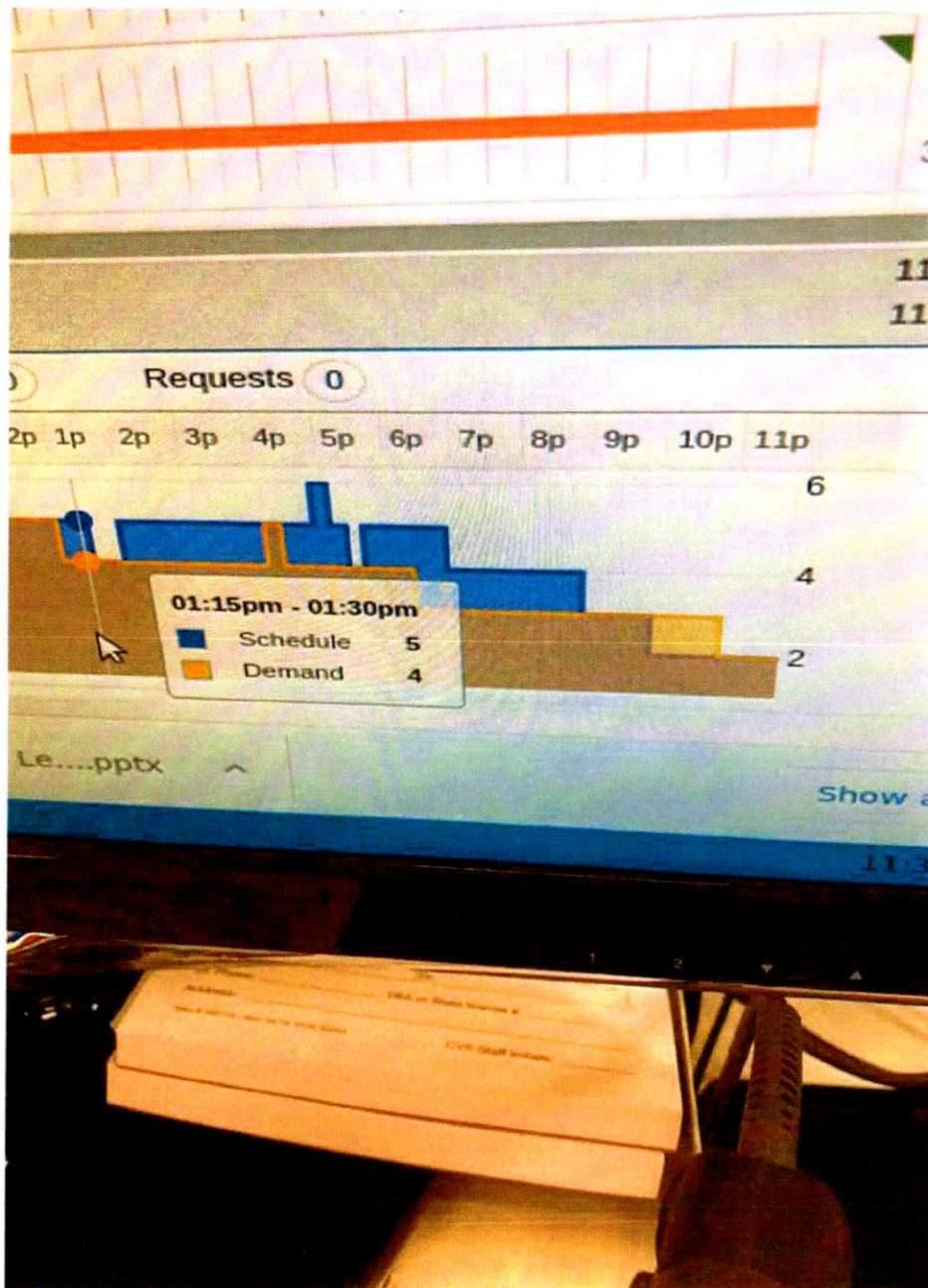
Date: _____ Shift: _____ to _____
 Pharmacist Name (printed): _____
 License #: _____
 Signature: _____

Date: _____ Shift: _____ to _____
 Pharmacist Name (printed): _____
 License #: _____
 Signature: _____

Date: 4/19/20
 Print Name

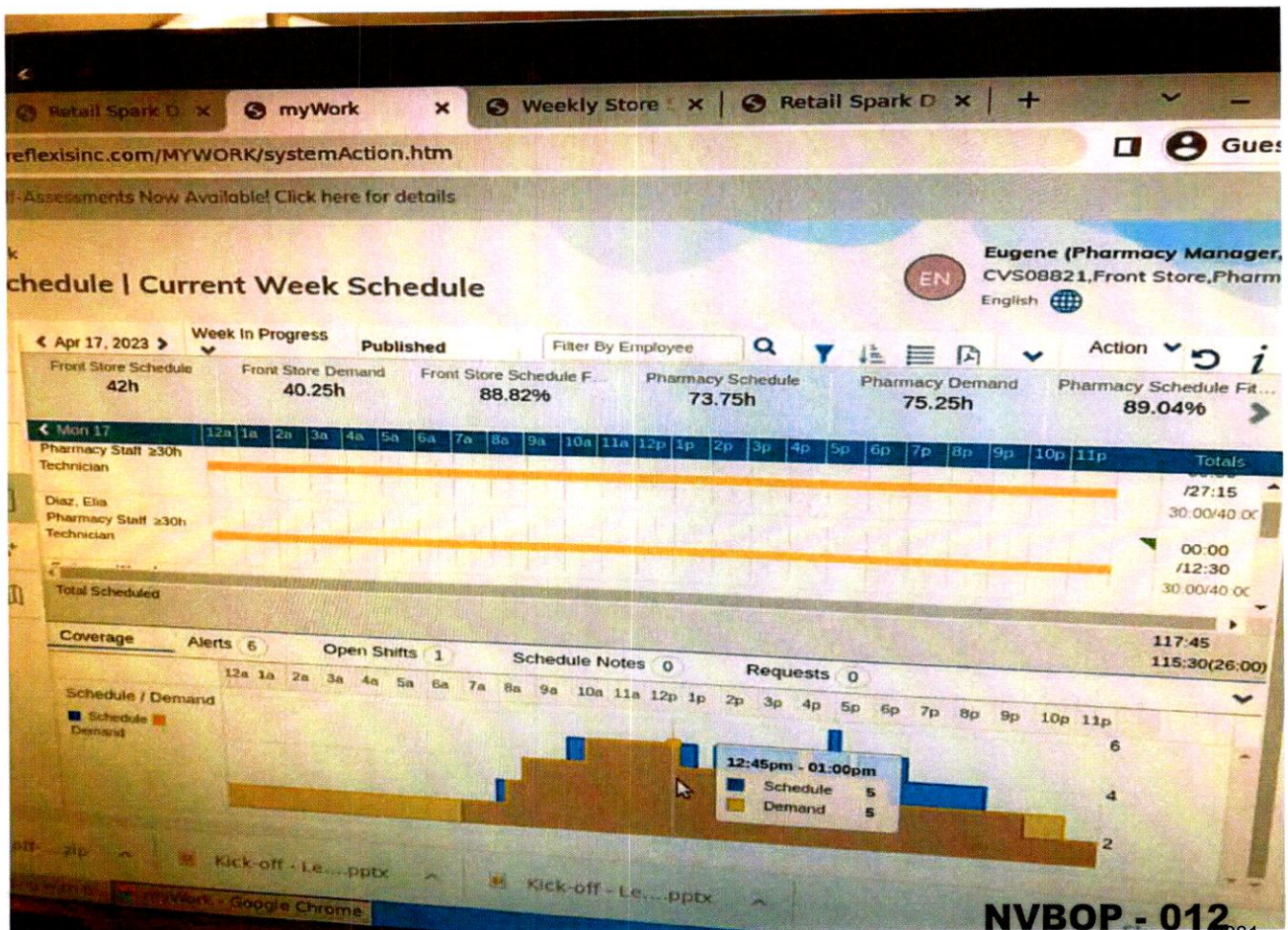
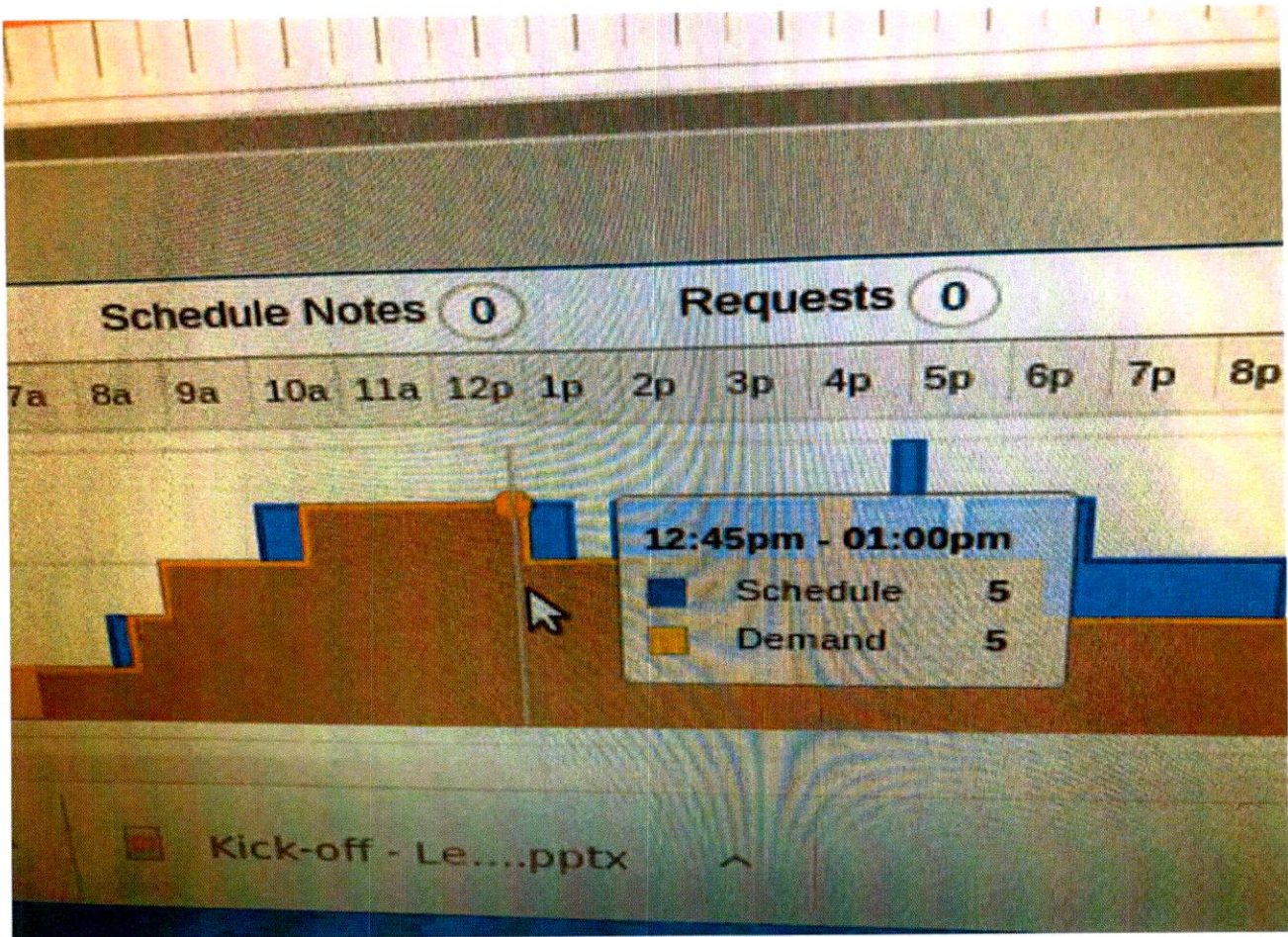
Elia Diaz
 SONIA Avalos
 Wendy Lee Enrigz
 Brie Ndan
 Alexandra Field





NVBOP - 011

0080



16 Apr (Sun) - 22 Apr (Sat)

Week in Progress - Published

Last Updated On

	16 Apr (Sun)	17 Apr (Mon)	18 Apr (Tue)	19 Apr (Wed)	20 Apr (Thu)	21 Apr (Fri)	22 Apr (Sat)	Total
Total Scheduled	98:00	117:45	111:30	128:30	148:00	139:00	98:30	841:15
Technician TBD 1, RX08821								00:00
Aguirre, Isaac	Duration : 09:00 02:00p - 11:00p (RX) 05:30p - 06:00p (m)	Duration : 07:00 02:00p - 09:00p (RX) 05:15p - 05:45p (m)				Duration : 10:15 12:00p - 10:15p (RX) 04:45p - 05:15p (m)	Duration : 06:30 01:30p - 08:00p (RX) 04:30p - 05:00p (m)	30:45
Armstrong, Braden	Duration : 08:00 10:00a - 06:00p (RX)				Duration : 09:00 09:00a - 06:00p (RX)	Duration : 07:45 08:45a - 04:30p (RX)		24:45
Dunham, Alexandra		✓ Day Off		Duration : 07:30 03:00p - 10:30p (RX) 07:00p - 07:30p (m)	Duration : 08:00 09:00a - 05:00p (RX) 01:30p - 02:00p (m)			16:00
Dunham, Alexandra		✓ Day Off		Duration : 07:30 03:00p - 10:30p (RX) 07:00p - 07:30p (m)	Duration : 08:00 09:00a - 05:00p (RX) 01:30p - 02:00p (m)			16:00
Granados, Johnathan	✓ Day Off	✓ Day Off	✓ Day Off			Duration : 04:00 05:00p - 09:00p (RX)		04:00
Lubian, Razel		Duration : 05:00 05:00p - 10:00p (RX)	Duration : 05:00 05:00p - 10:00p (RX)		Duration : 05:00 05:00p - 10:00p (RX)	Duration : 06:00 05:00p - 11:00p (RX) 07:45p - 08:15p (m)		20:30
Martin, Unique						Duration : 08:30 05:00p - 01:30a (RX) 08:45p - 09:15p (m)	Duration : 08:30 05:00p - 01:30a (RX) 09:00p - 09:30p (m)	14:30
Nolan, Bria				Duration : 06:30 08:00a - 02:30p (RX) 01:30p - 02:00p (m)			Duration : 08:30 09:00a - 05:30p (RX) 01:30p - 02:00p (m)	14:00
Administrative Tasks	00:00	02:00	00:00	00:00	00:00	00:00	00:00	02:00
Filfield, Cassandra		Duration : 09:00 10:00a - 07:00p (RX)	Duration : 09:00 10:00a - 07:00p (RX)	Duration : 09:00 10:00a - 07:00p (RX)	Duration : 09:00 10:00a - 07:00p (RX)	Duration : 04:00 03:00p - 07:00p (RX)		40:00

• Messages

16 Apr (Sun) - 22 Apr (Sat)

Week In Progress - Published

Last Updated On

	16 Apr (Sun)	17 Apr (Mon)	18 Apr (Tue)	19 Apr (Wed)	20 Apr (Thu)	21 Apr (Fri)	22 Apr (Sat)	Total
Total Scheduled	98:00	117:45	111:30	128:30	148:00	139:00	98:30	841:15
Pharmacy	48:30	73:45	73:00	83:30	77:00	81:00	52:45	489:30
Avalos, Sonia		Duration : 09:00 08:00a - 05:00p (RX)	Duration : 08:30 08:30a - 05:00p (RX)	Duration : 08:30 08:30a - 05:00p (RX)	Duration : 08:30 08:30a - 05:00p (RX)	✓ Day Off		34:30
Chantrill, Kristie			Duration : 05:00 01:00p - 06:00p (RX)	Duration : 05:00 05:00a - 10:00a (RX)	Duration : 05:30 05:00a - 10:30a (RX)	Duration : 05:00 05:00a - 10:00a (RX)	Duration : 07:15 07:00a - 02:15p (RX) 10:15a - 10:45a (m)	27:15
Diaz, Ella				Duration : 07:30 08:30a - 04:00p (RX) 01:30p - 02:00p (m)		Duration : 06:00 09:00a - 03:00p (RX) 01:30p - 02:00p (m)		12:30
Enriquez, Wenylen		Duration : 08:45 08:45a - 05:30p (RX)	Duration : 06:30 10:30a - 05:00p (RX)	Duration : 08:30 09:00a - 05:30p (RX)		Duration : 07:30 10:00a - 05:30p (RX)		31:15
Fifield, Cassandra		Duration : 09:00 10:00a - 07:00p (RX)	Duration : 09:00 10:00a - 07:00p (RX)	Duration : 09:00 10:00a - 07:00p (RX)	Duration : 09:00 10:00a - 07:00p (RX)	Duration : 04:00 03:00p - 07:00p (RX)		40:00
Fogle, Dara	Duration : 06:30 07:00a - 01:30p (RX)	Duration : 06:30 07:00a - 01:30p (RX)	Duration : 06:30 07:00a - 01:30p (RX)			✓ Day Off	✓ Day Off	19:30
Heinle, Stuart	Duration : 12:00 08:00p - 08:00a (RX)	Duration : 11:00 09:00p - 08:00a (RX)	Duration : 11:00 09:00p - 08:00a (RX)	Duration : 11:00 09:00p - 08:00a (RX)	Duration : 11:00 09:00p - 08:00a (RX)	Duration : 11:00 09:00p - 08:00a (RX)	Duration : 12:00 08:00p - 08:00a (RX)	79:00
Heinle, Stuart	Duration : 12:00 08:00p - 08:00a (RX)	Duration : 11:00 09:00p - 08:00a (RX)	Duration : 11:00 09:00p - 08:00a (RX)	Duration : 11:00 09:00p - 08:00a (RX)	Duration : 11:00 09:00p - 08:00a (RX)	Duration : 11:00 09:00p - 08:00a (RX)	Duration : 12:00 08:00p - 08:00a (RX)	79:00
Huynh, Bryan								00:00
Mehta, Amar								00:00
Naval, Eugene	Duration : 12:00 08:00a - 08:00p (RX)	Duration : 13:00 08:00a - 09:00p (RX)		Duration : 13:00 08:00a - 09:00p (RX)	Duration : 13:00 08:00a - 09:00p (RX)			51:00
Nguyen, Thuho	Duration : 08:00 10:00a - 06:00p (RX) CVS08789		Duration : 13:00 08:00a - 09:00p (RX)			Duration : 13:00 08:00a - 09:00p (RX)	Duration : 12:00 08:00a - 08:00p (RX)	46:00
Pulu, Michael		Duration : 08:30 05:00p - 01:30a (RX)	Duration : 08:30 05:00p - 01:30a (RX)	Duration : 08:30 05:00p - 01:30a (RX)	Duration : 08:30 05:00p - 01:30a (RX)			34:00



ATTACHMENT 3

DM Jody Lewis' response

Case # 23-126-S
CVS Pharmacy #8821



One CVS Drive
Woonsocket, RI 02895

June 5, 2023

Dena McClish
Investigator
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

RE: Pharmacy License: PH01095
Case No. 23-126
CVS Pharmacy #08821
8320 W Cheyenne Ave, Las Vegas, NV 89129

Dear Investigator McClish,

Please accept this letter in response to your request dated May 22, 2023.

My Pharmacy Manager Eugene Naval immediately notified me of the visit from the Nevada Board of Pharmacy on April 19, 2023. We reviewed next steps for him to take, including the following:

- Reviewing ratio alerts in our scheduling system to ensure we were within 3:1 ratio, paying particular attention to times when he can have a clerk/cashier to support peak register activity.
- Requirement for any colleague working as a clerk/cashier at pick up to have a proper name tag on designating their role as clerk/cashier and signing into the daily sign-in log indicating the times worked as a clerk/cashier.
- Pharmacist on duty to monitor to ensure clerk/cashier is performing activities that meet Board requirements.
- I also reviewed these specific requirements with my Staff Pharmacist and my Lead Technician.

Our guidance for our teams is to write schedules that meet any state ratio requirements, and best meet our patient needs to provide the best experience and care possible. Our scheduling system recommends staff based on several factors specific to the store. The scheduling system provides alerts to notify the specific times that the schedule is written outside of state ratio requirements. It is the Pharmacy Manager's responsibility to review and react to the alerts to ensure compliance with state ratio requirements.

If you need anything else concerning this matter, please do not hesitate to contact me.

Sincerely,

Jody Lewis, Pharm.D.
District Leader
Phone: 702-236-5815



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CVS PHARMACY #8821
Pharmacy License No. PH01095,

EUGENE BONDOC NAVAL, RPh.,
Pharmacist Registration No. 19578,

Respondent.

Case Nos. 23-126-PH-S
23-126-RPH-S

NEVADA STATE BOARD OF
PHARMACY'S MEMORANDUM OF
REASONABLE ATTORNEY'S FEES
AND ACTUAL COSTS PURSUANT TO
NRS 622.400

I, Peter K. Keegan, affirm that the foregoing is a true and correct statement of the actual costs and reasonable attorney's fees incurred by the Nevada State Board of Pharmacy ("Board") in the above-entitled action. Pursuant to NRS 622.400, the undersigned hereby submits the below identified Board staff members' timesheets with itemized costs, as well as those identified attorney's fees incurred by the Nevada State Board of Pharmacy in connection with the investigation and prosecution of the above-entitled administrative action.

TOTAL TIME & COST SUMMARY

Case No. 23-126-PH/RPH – CVS #8821/ Eugene Naval

Attorney Peter Keegan – 9.2 hours @\$63.00/hr	\$579.60
Board Coordinator Darlene Nases – 1.0 hours @\$38.84/hr	\$38.84
Certified Mailing Postage	\$9.73
Board Coordinator Jessette Phaynarikone – 0.5 hours @\$24.50/hr	\$12.25
Board Coordinator Erin Miller – 0.5 hours @29.00/hr	\$14.50
Certified Mailing Postage	\$17.38
Investigator Dena McClish – 6.0 hours @\$53.85/hr=	\$323.10
Total	\$995.40

DATED this 20th day of February 2024.

/s/ Peter Keegan, Esq.
General Counsel
Nevada State Board of Pharmacy

**Attorney Timesheet for Peter Keegan & Brett Kandt
Case No. 23-126-PH.RPH-S – CVS #8821/Eugene Naval**

DATE	TIME	
November 9, 2023	2.5	Review investigative file; draft accusation; send to Board Coordination staff for filing and service.
December 14, 2023	0.5	Prepare and send email to Eugene Naval RE: no response to Accusation and possible default. Email with Brian Convery RE: possible stipulation.
December 18, 2023	1.0	Discussion with Board executive staff regarding possible settlement terms. Email settlement terms to Brian Convery and Eugene Naval.
December 20, 2023	0.3	Prepare discovery file and respond to email request from Brian Convery with copy of the same.
December 26, 2023	0.7	Prepare draft Stipulation and Order and email to Brian Convery and Eugene Naval.
December 28, 2023	0.2	Review signed copies of Stipulation and Order. Provide to Board staff for inclusion in Board Book for January 17, 2024, meeting.
January 16, 2024	0.5	Review case and Stipulation, prepare to present matter to Board.
January 17, 2024	0.5	Present Stipulation to the Board; Board rejected Stipulation.
February 15, 2024	0.5	Emails to Brian Convery and Bill Stilling RE: representation at March 6, 2024, Board hearings. Telephone call with Bill Stilling RE: same
February 16, 2024,	1.0	Prepare Exhibits and Atty. Fees & Costs memorandum. Email to Investigative staff.
February 29, 2024	0.5	Hearing preparation with Investigator McClish
March 6, 2024	1.0	Prosecution of case before Nevada Pharmacy Board
TOTAL 9.2 hours x \$63.00/hour = \$579.60		



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case Nos. 23-126-PH-S
23-126-RPH-S

Petitioner,

DECLARATION OF

v.

DARLENE NASES

CVS PHARMACY #8821
Pharmacy License No. PH01095,

EUGENE BONDOC NAVAL, RPh.,
Pharmacist Registration No. 19578,

Respondent.

I, Darlene Nases declare under the penalty of perjury the following:

1. I am employed by the Nevada State Board of Pharmacy ("Board") as an Assistant Board Coordinator.

2. I prepared the below itemized timesheet, at the request of Peter K. Keegan, General Counsel, and pursuant to NRS 622.400, to reflect the actual costs and fees incurred by the Nevada State Board of Pharmacy in connection with my preparing, processing, and mailing, of materials required by law for a hearing before the Board in above-entitled administrative action.

DATE	TIME	ACTION/COST
11/27/2023	1.0	Prepared/Certified the NIAA
TOTAL POSTAGE		\$9.73 X 1 = \$9.73
TOTAL TIME		1.0 hours x \$38.84/hour = \$38.84
TOTAL \$48.57		

Executed this 20th day of February 2024.


Darlene Nases, Board Coordinator
Nevada State Board of Pharmacy



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case Nos. 23-126-PH-S
23-126-RPH-S

Petitioner,

v.

DECLARATION OF

JESSETTE PHAYNARIKONE

CVS PHARMACY #8821
Pharmacy License No. PH01095,

EUGENE BONDOC NAVAL, RPh.,
Pharmacist Registration No. 19578,

Respondent.

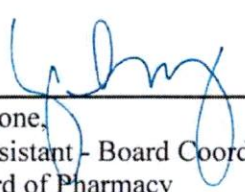
I, Jessette Phaynarikone declare under the penalty of perjury the following:

1. I am employed by the Nevada State Board of Pharmacy ("Board") as an Administrative Assistant - Board Coordinator I.

2. I prepared the below itemized timesheet, at the request of Peter K. Keegan, General Counsel, and pursuant to NRS 622.400, to reflect the actual costs and fees incurred by the Nevada State Board of Pharmacy in connection with my preparing, processing, and mailing, of materials required by law for a hearing before the Board in above-entitled administrative action.

DATE	TIME	ACTION/COST
6/8/2023	0.50	Prepared discovery request.
TOTAL POSTAGE	N/A	
TOTAL TIME	0.50 hours x \$24.50/hour =	12.25
TOTAL	\$	12.25

Executed this 20th day of February 2024.



Jessette Phaynarikone,
Administrative Assistant - Board Coordinator I
Nevada State Board of Pharmacy

FILED

FEB 20 2024

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case Nos. 23-126-PH-S
23-126-RPH-S

Petitioner,

v.

DECLARATION OF

ERIN MILLER

CVS PHARMACY #8821
Pharmacy License No. PH01095,

EUGENE BONDOC NAVAL, RPh.,
Pharmacist Registration No. 19578,

Respondent.

I, Erin Miller, declare under the penalty of perjury the following:

1. I am employed by the Nevada State Board of Pharmacy ("Board") as an Assistant Board Coordinator.

2. I prepared the below itemized timesheet, at the request of Peter K. Keegan, General Counsel, and pursuant to NRS 622.400, to reflect the actual costs and fees incurred by the Nevada State Board of Pharmacy in connection with my preparing, processing, and mailing, of materials required by law for a hearing before the Board in above-entitled administrative action.

DATE	TIME	ACTION/COST
2/1/2023	0.25	Prepared 21-day notice for mailing.
2/2/2023	0.25	Prepared/Certified 21-day notice for mailing.

TOTAL POSTAGE \$8.69 X 2 = \$17.38

TOTAL TIME 0.5 hours x \$29/hour = \$14.50

TOTAL \$31.88

Executed this 20th day of February 2024.



Erin Miller, Admin Assistant - Board Coordinator II
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case Nos. 23-126-PH-S
23-126-RPH-S

Petitioner,

v.

DECLARATION OF

DENA MCCLISH

CVS PHARMACY #8821
Pharmacy License No. PH01095,

EUGENE BONDOC NAVAL, RPh.,
Pharmacist Registration No. 19578,

Respondent.

I, Dena McClish declare under the penalty of perjury the following:

1. I am employed by the Nevada State Board of Pharmacy ("Board") as an Investigator.

2. I prepared the below itemized timesheet, at the request of Peter K. Keegan, General Counsel, and pursuant to NRS 622.400, to reflect the actual costs and fees incurred by the Nevada State Board of Pharmacy in connection with my preparing, processing, and mailing, of materials required by law for a hearing before the Board in above-entitled administrative action.

DATE	TIME	ACTION/COST
04/19/2023	1.75	Site visit/inspection
05/17/2023	.75	South discussion
5/22/2023	1	Prepared & sent allegation/findings
6/01/2023	0.25	Follow-up email w/ CVS DL
6/07/2023	1.25	Review response, prepare report
6/28/2023	.5	South report review
02/29/2024	.5	Hearing prep
TOTAL TIME	6.0 hours	x \$53.85/hour = \$323.10
TOTAL \$323.10		

Executed this 20 day of February 2024.

Dena McClish

Dena McClish, Investigator
Nevada State Board of Pharmacy

NAC 639.XXX Adoption of certain exception to USP 797 (2023). (NRS 639.070, 639.2807)

1. Viable air sampling timing and locations:
 - a. Regardless of the sterile compounding category of sterile compound viable air sampling only needs to be completed once every 6 months.
2. Surface sampling timing and locations:
 - a. Primary engineering controls used in compound category 3 only need surface sampling testing at least once week.
3. Sterility Testing
 - a. When compounding category 2 product batches up to 15 units, sterilization method validation maybe used in place of sterility testing, bubble point test for filtration method or biological indicator testing if using moist heat or dry heat.
4. Bacterial Endotoxins Testing
 - a. When compounding category 2 products, components of the compound only need to be tested for bacterial endotoxins once before the first use of a product if stored in the original manufacture's container.

SFY24 MONTHLY BUDGET REPORT
NEVADA STATE BOARD OF PHARMACY
CURRENT MONTH: Jan 24

	APPROVED BUDGET	BUDGET AMENDMENTS	REVISED BUDGET	CURRENT MONTH REVENUE/EXPENSE	PRIOR MONTH(S) REVENUE/EXPENSE	PROJECTIONS THROUGH 6/30/2024	TOTAL REVENUE/EXPENSE SFY24	DIFFERENCE
REVENUES								
Beginning Balance	\$ 6,232,358		\$ 6,232,358	\$ -	\$ -	\$ 6,232,358	\$ 6,232,358	\$ -
Renewal Fees	\$ 1,795,552		\$ 1,795,552	\$ 1,250	\$ 1,865,210	\$ 14,000	\$ 1,880,460	\$ 84,908
Registration Fees	\$ 1,561,460		\$ 1,561,460	\$ 80,200	\$ 618,560	\$ 862,700	\$ 1,561,460	\$ -
Recovered Costs	\$ 30,000		\$ 30,000	\$ -	\$ 500	\$ 29,500	\$ 30,000	\$ -
CC Processing Fees	\$ 175,000		\$ 175,000	\$ 1,997	\$ 108,591	\$ 64,412	\$ 175,000	\$ -
Change MGR RPh	\$ 22,800		\$ 22,800	\$ 1,250	\$ 6,900	\$ 14,650	\$ 22,800	\$ -
Inspections	\$ 5,000		\$ 5,000	\$ 208	\$ 3,185	\$ 1,607	\$ 5,000	\$ -
Interest Income	\$ 30,000		\$ 30,000	\$ 9,473	\$ -	\$ 20,527	\$ 30,000	\$ -
Late Fees	\$ 15,000		\$ 15,000	\$ 1,000	\$ 12,891	\$ 1,109	\$ 15,000	\$ -
Total Revenues	\$ 9,867,170	\$ -	\$ 9,867,170	\$ 95,378	\$ 2,615,837	\$ 7,240,864	\$ 9,952,078	\$ 84,908

EXPENSES								
Payroll	\$ 4,142,479		\$ 4,142,479	\$ 293,196	\$ 1,833,007	\$ 2,016,276	\$ 4,142,479	\$ -
Operating	\$ 1,146,199		\$ 1,146,199	\$ 168,162	\$ 478,750	\$ 499,287	\$ 1,146,199	\$ -
Equipment	\$ 25,000		\$ 25,000	\$ 2,618	\$ -	\$ 22,382	\$ 25,000	\$ -
In-State Travel	\$ 110,000		\$ 110,000	\$ 7,774	\$ 43,067	\$ 59,159	\$ 110,000	\$ -
Out-of-State Travel	\$ 65,000		\$ 65,000	\$ -	\$ 11,513	\$ 53,487	\$ 65,000	\$ -
DAG Cost	\$ 40,000		\$ 40,000	\$ -	\$ 2,444	\$ 37,556	\$ 40,000	\$ -
Reserve	\$ 4,338,492	\$ -	\$ 4,338,492	\$ -	\$ -		\$ 4,423,400	\$ 84,908
Total Expenses	\$ 9,867,170	\$ -	\$ 9,867,170	\$ 471,750	\$ 2,368,782	\$ 2,688,147	\$ 9,952,078	\$ 84,908
Balance	\$ -	\$ -	\$ -				\$ -	\$ -